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THE JOURNAL OF
OLD NORTH STATE MEDICAL SOCIETY

"DEVOTED TO THE PROGRESS OF MEDICINE"

Dedicated to - - -

THE "OLD-TIMERS"

VOLUME IV MARCH, 1954 NUMBER I

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The stillness of water, the peace, the deep repose.

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FOREWORD

This is the third of our efforts to produce a publication which we sincerely hope has become a part of our members' reading material. From reports coming from the men it now appears that the Journal is a "Must." The Editorial Staff wishes you to know that we appreciate the many nice things you are saying about our efforts, but we wish to remind you again that we would be even more happy if we could possess some of those papers you have written for discussion before your scientific groups. The deadline for material of this nature is April 10th. Remember our motto . . . "If you will write it we will print it."

The Journal of the Old North State Medical Society

EDITORIAL STAFF

Published in Rocky Mount, N. C., four times yearly—October, December, March, June

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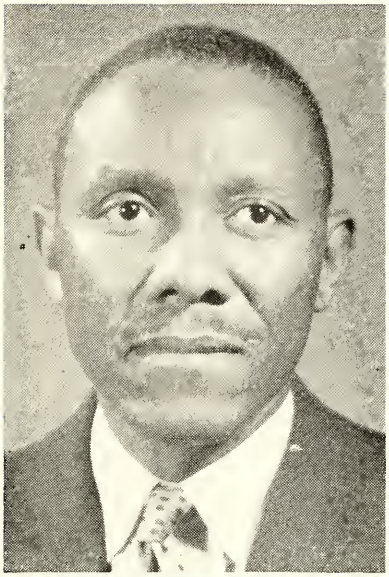
The President Reports



Dr. W. A. Cleland

In the search for the reasons why our Society has not received the whole-hearted support of several members who were formerly active, the president has acted as a sounding board. The most often voiced criticism was directed toward a seemingly autocratic administration. Recent administrations need no defense along this line, but in defense of past administrations, we must say that if they had not taken the initiative in face of indifference, the Society would have ceased to exist. It is the hope of this administration to make the Society as democratic as the members desire, only exercising autocratic authority where general lack of support and direction demands. It is imperative that each member make his desires known in the business sessions and pay the assessed dues promptly in order for this program to succeed. If you fail in any regard we of the administration will be unable to carry out a representative program.

Further criticism has been directed towards the type of scientific programs, which have not been of interest to those in circumscribed fields of medical practice. We admit that our programs have been designed to benefit the general practitioner of medicine, and must continue until a larger membership makes sectional meetings practicable, There still is an area of service where those of us who have had the benefit of specialized training and experience can help. The Society welcomes members as well as non-members on our panel of lecturers and clinicians who have something new to offer. In order that sectional meetings might be a reality, some investigation has been made in the direction of a tri-state (N. C., Va. and S. C.) scientific assembly. Under such a plan the States would maintain business integrities. You will hear more about these plans later.

The president is still desirous of meeting with the constituent societies but cannot do so unless the time and place of the meetings are known. Again it is requested that information relative to these meetings be forwarded to the president.

It is not too early for us to plan to attend the annual meeting of the Society. I can assure you that Winston Salem plans a memorable occasion on the 1, 2, and 3 of June 1954. Please let nothing deter you from this meeting. Plan to be present at the business meeting for we plan to discuss momentous topics which are vital to the future of the organization.

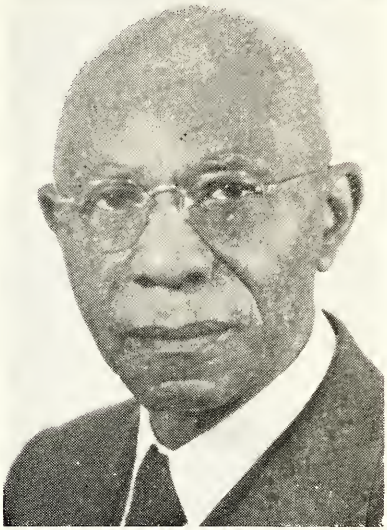
Yours for the Society's good,

W. A. CLELAND,
President,
Old North State Medical Society

Personalities in The Old North State Medical Society

DR. PETER WILLIAM BURNETT

Dr. Peter William Burnett, Rocky Mount, N. C., is a native of Martin County and was educated in the public schools of his home county and Shaw University. He did his medical training at the Leonard Medical School, graduating with the class of 1906. He began his practice in Oxford, N. C., but soon moved to Rocky Mount where he practiced medicine since 9107.

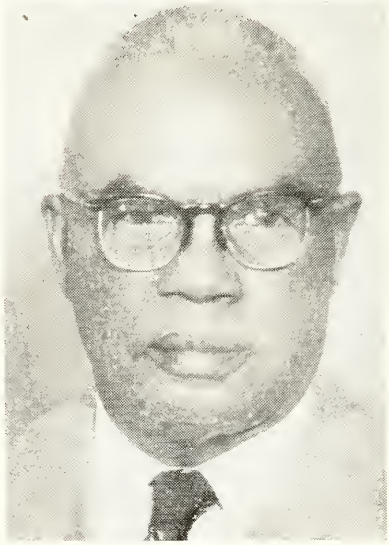


Dr. Peter W. Burnett

Dr. Burnett is an active member of his community and has rendered service in many civic activities. He was medical examiner for the U. S. Armed Forces during World War II. He finds time to serve as a deacon and member of the Trustee Board of the St. James Baptist Church of his city as well as serve as a member of the Executive Committee of the Civic Forum and has acted as its treasurer for many years. He is an active member of The Old North State Medical Society and has served as its president and is a constant visitor and delegate to the meetings of the National Medical Association. He is known as the Dean of the Medical profession in Eastern North Carolina because of his forty-six years of continuous service in his chosen profession.

EDSON E. BLACKMAN, M.D.

Probably one of the most energetic men of the older brigade in the Old North State Medical Society is Dr. Edson E. Blackman of Charlotte. Dr. Blackman was born in Bridgetown, Barbados, and was educated in the grammar school and Royal Institute of Port of Spain, Trinidad. He did his college work at St. Augustine's College, Raleigh, graduating in the spring of 1913. He received his medical education at Meharry Medical College, completing his work in 1917, and continued his medical service with an interneship at St. Agnes Hospital in Raleigh. Following his interneship he located and began his practice in Charlotte in 1918 and has been associated with the Good Samaritan Hospital since that time. Dr. Blackman has served this institution as Chairman of the Staff, Chief of the Surgical Staff and Attending Surgeon.



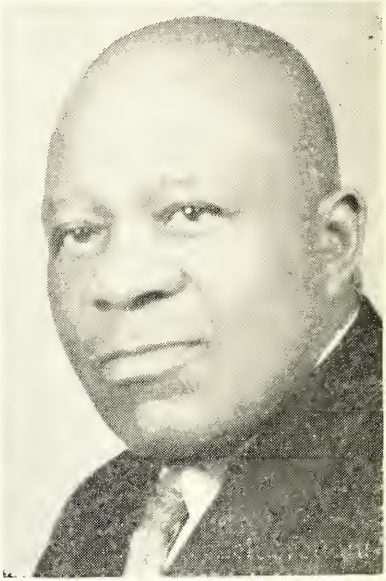
Dr. Edson E. Blackman

For several years he was connected with the Health Department of the City of Charlotte and was appointed by the late Governor Broughton as a member of

(Continued on Page Twenty)

RICHARD E. WIMBERLEY, Ph.C

The Pharmaceutical section of the Old North State Medical Society is fortunate in having a man of the calibre of Dr. Richard E. Wimberley as Chairman of its group. Dr. Wimberley is a product of the public schools of the State of North Carolina and pursued his pharmaceutical training at Leonard School of Pharmacy and Meharry Medical College where he was graduated in 1920.

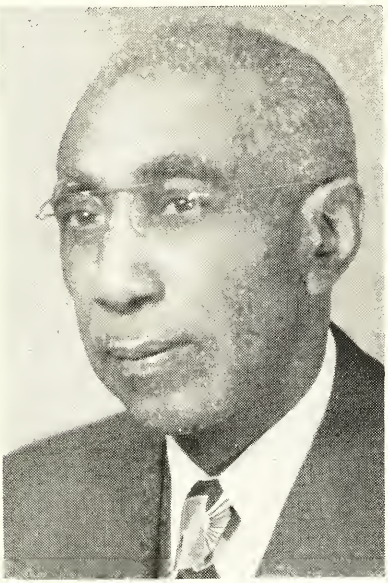


Richard E. Wimberley, Ph.C.

Dr. Wimberley served as Chairman of the Pharmaceutical Section of the Old North State Medical Society from 1930 to 1942 and as a result of travel conditions he served as President of the Society from 1942 to 1944. In 1953 he was elected Chaplain of the National Pharmaceutical Association at its annual meeting in Texas. He is an active church member and has been one of the guiding hands in the development of the Boy Scout program in Raleigh and Wake County. He is a member of the Phi Beta Sigma Fraternity. Needless to say that his goal is to see every practicing pharmacist in the State of North Carolina enrolled and present at our annual meetings.

DR. ELLIS E. TONEY

No meeting of the Old North State Medical Society would be complete if the likable and soft-spoken Dr. E. E. Toney of Oxford, N. C., did not make his appearance and often pour oil on the troubled waters with his down-to-earth common sense philosophy. Born in Pensacola, Fla., in 1889, this venerable gentleman did his early work in the pubic school system of his home town. He received his Bachelor of Arts degree from Shaw University in 1911 and his degree in medicine from Meharry Medical College in 1915. He began his practice in North Carolina in 1915 and has been located in Oxford, N. C., since 1922. Too much cannot be said of the activities of Dr. Toney. He is a past President and member of the Old North State Medical Society for 37 years, charter member of the John H. Hale Surgical Society of the Carolinas, former State Vice President of the National Medical Association, member of the Board of Trustees of the National Medical Association since 1950.



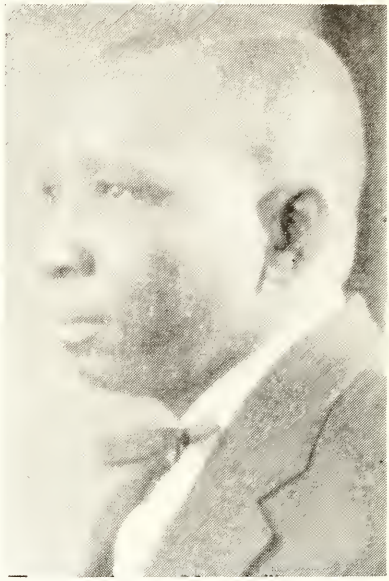
Dr. Ellis E. Toney

Dr. Toney has not been satisfied with being an average M.D. He has continually sought to improve his tech-

(Continued on Page Nineteen)

J. D. DOUGLAS, Ph.G.

Dr. J. D. Douglas, Henderson, N. C., has seen many moons pass. To be exact, 80 years of such things, but according to our records he maintains his up-to-date pharmacy in this thriving town and every morning about eleven o'clock he can be seen making his way to his usual place of business and every June he can be seen participating in the business and scientific sessions of the Old North State Medical Society.



J. D. Douglas, Ph.G.

To read his life is to read the story of a country boy, hungry for an education, and willing to make any sacrifice to get this education. He was born in the County of Marlboro near a little town called Clio, S. C. He worked on the farm helping his father until about the age of 18 when he decided that he would enter school even though he would have to pay his own expenses. Dr. Douglas states that he received his chance to go to school by cooking for himself and working his way for the sum of five cents per hour. He earned one dollar and fifty cents per week making a total of six dollars per month and from this sum he

(Continued on Page Twenty)

JAMES A. TINSLEY, M. D.

Dr. James A. Tinsley, Weldon, N. C., one of the oldest of the practicing physicians in the State of North Carolina and one of the ever faithful of the Old North State Medical Society, was born in Henderson, N. C., November 28, 1882. He received his early education in the public schools of Henderson and did his pre-medical training at Newark City College. His medical training was received from the Leonard Medical School, graduating with the class of 1909. Following his interneship he began serving his fellowman in Halifax County where he still maintains his practice.

Dr. James A. Tinsley

Dr. Tinsley has served as a member of the Trustee Board of the National Medical Association from 1930 to 1936. He is a Past President of the Old North State Medical Society, President of the Rocky Mount Academy of Medicine, and a member of the Eastern North Carolina Medical Society. He is intensely interested in keeping up with the progress of medicine. He was cited by the Medical College of Virginia with a certificate for twenty-two

(Continued on Page Twenty)

DR. RUFUS HAIRSTON, PRESIDENT OF THE NATIONAL PHARMACEUTICAL ASSOCIATION

One of the men to whom the Old North State Medical Society likes to point with pride is the likable and energetic Dr. Rufus Hairston of Winston Salem, proprietor of one of Winston Salem's most modern drug stores, President of the National Pharmaceutical Association, Trustee of the Winston Salem Teachers College.

Dr. Rufus Hairston

Dr. Hairston is a native of Winston Salem and received his education in the public schools of that city. His college work was done at Slater Normal School now known as Winston Salem Teachers College and he completed his pharmaceutical work at the Leonard School of Pharmacy, Shaw University, Raleigh, N. C.

This native son and stalwart of the Old North State Medical Society has been a veritable dynamo of energy in his community. He served as Vice-Chairman of the successful drive for $500,000 to erect a joint Y. M. and Y. W. C. A. building in the Twin City. He is a former member of the Board of Trustees of the First Baptist Church of Winston Salem, and a member of the Budget Committee of the United Fund of his city. In 1951 he was named as "Man-of-the-Year by a Citizen's Committee and was awarded a plaque and citation for his outstanding work in the field of civic activity. He is an active member of the Phi Beta Sigma Fraternity and was elected as President of the National Pharmaceutical Association at its annual meeting in 1953.

Dr. Hairston in commenting on the activities of the State Society, stated that it was his desire to develop an interest in the pharmaceutical section to such an extent that a complete program with outstanding speakers coud be secured. These speakers should be of interest to both the pharmacists and the medical men. Along with this idea, Dr. Hairston, who is a member of the host committee for the 1954 meeting, says that he would like to have the men suggest topics for discussion prior to the annual meeting so that proper arrangements could be made toward this ideal. Finally, it is his desire to see the entire pharmaceutical section completely revamped and made interesting enough for the members to have a keen desire to attend the annual meetings.

Dr. Hairston, the Journal salutes you as one of the Old-Timers. The Pharmacists will be in Winston Salem June 1, 2, and 3.

BIRTHS

To Dr. and Mrs. S. J. Gray, Wilmington, N. C., a daughter, November 20, 1953, Diana Gwendolyn.

To Dr. and Mrs. Robert McCree, Albemarle, N. C., a son, Robert, Jr.

Historical Background of Old North State Medical Society

By Clyde Donnell, M.D.

> "Distinctions of race, nationality, colour, and creed are unknown within the portals of the temple of Aesculapius. Dare we dream that this harmony and cohesion so rapidly developing in medicine, obliterating the strongest lines of division, knowing no tie of loyalty, but loyalty to truth—dare we hope, I say, that in the wider range of human affairs a similar solidarity may ultimately be reached?"
>
> —Sir William Osler
> "Aequanimitas and Other Addresses"

In 1887—sixty-seven years ago—the Old North State Medical, Dental and Pharmaceutical Society was organized in North Carolina by four Negro physicians for the purpose of working together for the advancement of the Negro in medicine. These four men were Dr. M. T. Pope, Dr. J. T. Williams, Dr. L. A. Scruggs and Dr. Marcus C. Alston. Dr. A. M. Moore became a member before he graduated from Leonard Medical School in 1888.

The following is a short biography of our founders:

DR. M. T. POPE was in the class of 1886 of the now extinct Leonard Medical School at Shaw University, a product of North Carolina who graduated in the first medical clalss and for nearly a half century practiced his profession in and around Raleigh. Dr. Pope was a popular physician and a great lover of blooded steeds and also a tennis enthusiast. He died in Raleigh, survived by his widow and two daughters.

DR. J. T. WILLIAMS graduated from Leonard Medical School in the class of '86, became a prominent physician in the city of Charlotte. He was also active in politics and became U. S. Minister to Santo Domingo.

DR. L. A. SCRUGGS was also of the class of 1886, Leonard Medical School, Raleigh. He was inclined toward surgery and conducted a hospital at Southern Pines, at one time. He was survived by his widow and one daughter.

The foregoing medical men united with Dr. A. M. Moore, later of Durham, to form what was to become the oldest medical society in the world organized by our group in continuous operation.

DR. MARCUS C. ALSTON was a member of the class of 1886 of Leonard Medical School. He practiced in Louisburg for some time before going to Charlotte where he finally died after many years of successful practice.

DR. A. M. MOORE, who was of the class of 1888, Leonard Medical School, went into the organization before he finished his medical training.

Dr. Moore, who afterwards became one of the founders of the North Carolina Mutual Life Insurance Company, as well as the father of rural education for Negroes in North Carolina, was perhaps the most outstanding man in the group.

For many years he was superintendent of the Sunday School at White Rock Baptist Church and President of the State Sunday School convention of his denomination. He was a broad-gauged humanitarian, a philanthropist, and one interested in every civic, religious and business project of his city and his state.

His passing in the city of Durham cast a pall of gloom over the city and the state, throughout which he was well and favorably known. He was survived by his widow, who passed a few years ago, and two daughters, Mrs. E. R. Merrick and Mrs. R. L. McDougald; the latter has since died.

THE FIRST NEGRO PRACTITIONER OF MEDICINE IN NORTH CAROLINA

Dr. Shober was born in Salem, North Carolina (now Winston Salem) August 23, 1853. He studied at Lincoln University, Chester, Pa., and was graduated with the degree of A. B., in 1875. He then entered Howard University Medical School, from which he graduated with the degree of M.D., in 1878.

Dr. Shober went to Wilmington, North Carolina, that year and began the practice of medicine, and was a successful physician for ten years. A very strenuous and lucrative practice wore heavily upon him physically and he died January 6, 1889. A pioneer in the practice of medicine among Negroes, his great work in Wilmington gave inspiration to the many doctors who were to follow him in North Carolina.

He was married to Miss Annie M. Taylor of Wilmington, N. C., June 28, 1881. To them was born one daughter, Miss Lillian Shober.

We are naming some of the early members of the Old North State Medical Society who have passed on and who have left their footprints in the sands of time. We are, however, quite sure there were others, but we do not have their names at hand. All of these men became leaders in their communities in the professional, religious and economic world. They are as follows:

Dr. Reuben H. Bryant, Asheville; Dr. H. H. Hall, Winston Salem; Dr. John Jones, Winston Salem; Dr. A. S. McMillan, Tarboro; Dr. J. L. Bullock, Greensboro; Dr. C. H. Shepard, Durham, one of our pioneer surgeons; Dr. A. A. Wyche, Charlotte, a former secretary-treasurer of the state society; Dr. P. H. Williams, past president of the society; Dr. W. A. Jones, Winston Salem, one of the early pharmacists; Dr. J. W. Walker, Asheville, who speciaized in the treatment of tuberculosis, was at one time in charge of the Negro wing of the State Tuberculosis Sanatorium; Dr. F. S. Hargrave, Wilson, North Carolina and also of Orange, N. J., was in the state legislature of New Jersey for several terms. He died a few years ago. Dr. F. L. Daniels, Salisbury, was first a druggist and then a physician; Dr. T. A. Mask, Wilmington; Dr. S. L. Warren, Durham; Dr. C. H. Bynum, Kinston; Dr. G. A. Gerran, High Point, a former secretary-treasurer; Dr. Wm. Mann, New Bern; Dr. Chas. A. Dunston, one of our early dentists in North Carolina and also a past president and Dr. F. S. Burton of Wilmington.

Diabetes In General Practice

FRANK N. ALLAN, M. D.

Because of its frequency, because of the disability it causes directly or indirectly, and because of the high level of its mortality rate, diabetes has become a major health problem. Yet there is scarcely any chronic disease of equal importance for which there can be such a hopeful outlook from the standpoint of both the individual and community. General application of present day knowledge can save lives, give protection against disability and even reduce the incidence of the disorder.

The Paradox of Diabetes

Diabetes is a common disease, well known to both the medical profession and the public for centuries. The symptoms, when present, are characteristic. Even before symptoms appear, the diagnosis can be revealed by the simplest of laboratory tests—the test for sugar in the urine. Yet there is evidence that nearly half the people who have diabetes are not aware of it. Countless individuals never have the diagnosis made until they have suffered impairment of health. Even when the diagnosis has been established, treatment is far too often neglected or inadequate because it does not seem urgent to the patient, because it seems difficult or complicated to the patient or physician, or both, or because of indecision in regard to objectives.

An analysis of the nature of the problems which exist today can best be presented in a review of two typical cases.

An Early Case of Diabetes. The experience of a patient seen last year illustrates the questions which commonly arise in dealing with a large group of cases of diabetes. The patient is a man in his mid-fifties, who has a small grocery store in Boston. He began to notice frequent urination, which went on for several months. He was obliged to urinate frequently not only in the day-time but also at night. He suspected that he had trouble with his prostate. He gave no attention to the significance of loss of weight which occurred at the time; he had been overweight for years but now he lost 30 pounds in four months. He thought that the urinary symptoms must indicate a prostatic condition which would require operation and because of his dread of the surgical procedure he delayed seeking medical advice.

Finally, he went to a urologist. It was found that he did not have enlargement of the prostate, but the examination of the urine showed the presence of 3% sugar. The blood sugar was 285. He was immediately referred for attention to diabetes.

As with many anxious patients who learn that they have diabetes, 2 questions had to be answered. Would he need treatment in hospital? Would he have to have insulin injections? Both questions were answered in the negative pending a trial of a simple dietary program while he lived at home and continued to work in his store.

When he returned in 2 days he reported relief from the frequency of urination. The urine contained less sugar; the blood sugar was 190. In a week the urine was free from sugar; the blood sugar was 145. A month later, his record of home tests of the urine showed almost constant absence of glycosuria; the blood sugar was 98. His weight which had fallen from 225 to 195 lbs. before be-

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EDITOR'S PAGE

To The "Old-Timers"

As you have noticed from the cover of this issue of the Journal it has been dedicated to the grand old men of our Society. Old in sense of years but young in the spirit of duty to their fellow men and to their organization. From their ranks we have chosen a few whose pictures appear in this issue. In our efforts we dipped into our mailing list and picked at random these old timers whom we sincerely believe represent that segment of our society that has stuck with the organization in its trials and tribulations. Undoubtedly there are others whom you may say deserve the same acknowledgement. We do not dispute you and we only wish that space and funds would allow us to use each and every one of these oldtimers chosen by you.

We ask you to forgive us if you disagree with our choice of men but you will have to agree that for each of these men and all of the Old Timers their's has been a life that has been busy, useful, and happy, a greater blessing the world cannot bestow. Useful has been their lives and the happiness that they have gained lies in the absorption of a vocation which satisfies the soul and always remembering that they were here to add to what we can to life, not to get what we can from it.

Robert Louis Stevenson in his Preface to Underwoods aptly describes our older men when he says there are men and classes of men that stand above the common herd; the soldier, the sailor, and the shepherd not infrequently; the artist rarely; rarer still, the clergyman; the physician almost as a rule. He is the flower (such as it is) of our civilization; and when that stage of man is done with, and only to be marvelled at in history, he will be thought to have shared as little as any in the defects of the period, and most notably exhibited the virtues of the race. Generosity he has, such as is possible to those who practice an art; never to those who drive a trade; discretion, tested by a hundred secrets; tact, tried in a thousand embarrassments, and what are more important, Herculean cheerfulness and courage. So that he brings air and cheer into the sick room, and often enough, though not as often as he wishes, brings healing.

Governor Umstead Does It Again

Under a release date from Raleigh and emanating from the office of the Governor an announcement was made of the appointees to the new Nurse's Examining Board. This Board, as we understand, replaces the old board and is composed of Nurses, Physicians and Hospital Administrators. Ignoring, as he has previously done, the recognized organization of Negro physicians in this state the good Governor also bypassed the able Hospital Administrators in our midst. In an effort to keep his Boards Lily-White he even appointed one Administrator to the new Board whose institution is not even listed as a nurse training hospital. For this, we were happy to see the members of his own race rap his knuckles. No consideration was given the Negro physicians although they play a great part in the education of these valuable members of the nursing profession.

How long will Governor Umstead continue this denial of representation on these important Boards and Commissions which so vitally affect

us we cannot say but it is our steadfast hope that our present administration through its Executive Committee will soon pay a visit to His Excellency and find out the "whys" and "wherefores" and let His Excellency know that these are things that do not go unnoticed in our Society and that many of the Southern States are far ahead of North Carolina in giving recognition to this segment of the medical profession which plays such a large part in the health of the citizens of this State.

Questionnaire

IT IS YOUR DUTY TO ANSWER THEM

Within the next few weeks you will be receiving a very important questionnaire from the chairman of the Committee to select the recipient of the Doctor-Of-The-Year Award. Last year when this project was undertaken the committee was very much disappointed in the returns received from the ballots sent out to all of the members. It is entirely possible that their selection was just as you would have had it but they still insist on doing it the democratic way by letting YOU cast your ballot for the Doctor that you believe deserves the award. So, my good colleagues, when this small item hits your desk within the next few weeks please take the time to just fill it out and mail it back as will be requested. You will be doing the committee a big favor and it will certainly expedite time at the Annual Meeting in June. May we depend on you to do your part?

Woman's Home Companion Honors Auxilliary

Too much credit cannot be given to the members of the Woman's Auxiliary of the Old North State Medical Society for the recent honor bestowed upon them by the judging staff of the Woman's Home Companion in being selected as one of the two hundred and fifty clubs scattered throughout the United States to receive the Honor Award. Nomination for the Honor Club Award was open to every woman's club in America. The applications were screened by an independent research organization on the basis of each club's record of outstanding services to its community. We believe that we are safe in saying that a lot of the accomplishments of this organization were a result of unselfish work on the part of these noble women and all the orchids that we can shower upon them would not be enough to let them know how proud we are for what they have done. The effective leadership in this organization is stimulating and what they have done certainly offers a challenge to the society itself.

WITH THE ARMED SERVICES

Dr. Otis B. Ferguson, Charlotte, N. C., recently commissioned a first lieutenant in the United States Air Force and is now in Massachusetts awaiting assignment overseas.

Dr. S. J. Cochran, Weldon, N. C., reassigned to Ft. Belvoir, Va., after service in Korea.

1953-54 dues now payable. Send your check to the Secretary-Treasurer, Dr. F. E. Davis, 907 East Market Street, Greensboro. Fifteen dollars pays your State dues and twenty-five dollars pays both the State and national dues. Do it today.

Antibiotics In Otology?

There can be no denying that the advent of penicillin was a landmark in the therapy of otitic suppurations. The sulfonamides, which preceded this antibiotic, reduced the threat of the fatal complications of ear infection. No longer was a recovery from an otitic meningitis a rare incident to be the subject of a detailed case report. The sepsis of sinus thrombosis responded in most instances to the sulfa drugs.

The first of the antibiotics, penicillin, introduced to otology a new agent, one more seemingly potent than the sulfa chemicals, and one which, when given parenterally, apparently cured an acute purulent otitis media, and reduced the incidence of acute mastoiditis to a minimum. A stage was eventually reached wherein the opinion of the otologist was considered unnecessary. If the drum did not perforate after the use of penicillin, the physician felt that the antibiotic had averted an abscess. If the drum had perforated, and pus exuded, penicilin would soon clear this infection. No longer was it deemed essential to inspect the tympanic membrane to determine its position, landmarks, thickness, or the delicate changes in color. The discharge had stopped; the patient was afebrile and there was no pain. Gradually, sporadic cases came to the attention of the profession wherein, after adequate penicilin treatment, a subperiosteal abscess over the mastoid process developed, which, when operated upon, showed extensive destruction of the mastoid with exposure of the dura or sinus. These were considered unusual by physicians other than otologists, because the drum had healed and there was no otorrhea.

But the literature prior to this form of therapy, reported many cases of so-called "Primary Mastoiditis" in which the clinical syndrome was identical to these. It has been also variously described as "silent mastoiditis", and "painless mastoiditis"; and noted as a common occurrence in "diabetic mastoiditis".

This did not deter the indiscriminate use of penicillin in otitis of all kinds. No discrimination was made as to the type of otitis—catarrhal, serous or purulent. The simplest, non-purulent otitis, which had always responded readily to the simplest type of glycerin therapy, was administered penicillin with reported "dramatic" results.

But the failures of penicillin therapy in the treatment of otitis media became a disturbing element until other antibiotics were perfected and came into use. Penicilin was found to be effective mainly in otitis wherein a gram-positive organism was the causative agent. Where a gram-negative bacterium was isolated, such as Bacillus Proteus, or pyocyaneus, or K. Pneumoniae, penicillin was ineffective.

It was also found that once an otitic complication had developed in a case wherein pennicillin had been given over a period of time, the use of this antibiotic was not as efficacious in combatting the complication. It was Furstenberg who was among the first to caution the profession on the proper use of the antibiotics in otology. "In this era of pervasive and uncontrolled utilization of the antibiotics, there is justification, perhaps, for another review of therapeutic principles and a plea for their thoughtful and sounder application. With the discovery of penicillin, its allied agents, and their mass production, clinicians have employed them in different forms and by various methods for almost every illness in the category of medicine.

"The urge to administer appears to transcend therapeutic rationale

(Continued on Page Twenty-five)

Ten Sites of Pain and Their Meaning

In many cases the doctor can make a quick tentative diagnosis over the telephone when his patient accurately describes the character and location of his pain.

Sudden agonizing pain behind the sternum, radiating to the left shoulder and down the arm, may be accompanied by a sense of impending death. In fact, it has been called "the iron grip of death." This type of pain is characteristic of **angina pectoris.**

Severe and persistent cardiac pain radiating to the epigastrium may be accompanied by nausea, vomiting and muscle spasm. The abdominal symptoms may divert attention from the true cause, **coronary thrombosis.**

Violent pain in the right hypochondriac region, "going straight through" to the scapula and accompanied by fever and jaundice, immediately suggests **gallstone colic.**

Gnawing hunger pains occurring after meals and "going straight through" to the back, especially when they are relieved by a glass of milk, immediately suggest **gastric** or **duodenal ulcer.**

Severe shoulder pain referred to the attachment of the deltoid, with localized tenderness not there but just below the acromial extremities of the clavicle and scapula, is typical of **acute subacromial burstitis.**

Excruciating bladder pain on urination, accompanied by tenesmus and constant desire to urinate, especially when there is hematuria, is diagnostic of **acute cystitis.**

Sudden stabbing and paroxysmal pain affecting "trigger" zones (excited by merely touching the area) of the face, including regions about the eyes, teeth, root of the nose, and upper jaw back of the mastoid, most often point to **Trigeminal neuralgia (tic douloureux).**

Severe and persistent headache, blurring of vision, mental confusion and paralyses, when accompanied by choked disc on ophthalmoscopic examination, are cardinal symptoms of **brain tumor."**

Lightning pains shooting down the legs, in association with ataxia and absent knee-jerks, are diagnostic of **tabes dorsalis.**

A sudden pain in the chest (often described as a "catch" on taking a deep breath), when accompanied by cough and slight fever, is suggestive of **fibrinous pleurisy.**

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Congratulations - - -

Our heartiest congratulations to members of the Woman's Auxiliary to the Old North State Medical Society for receiving one of the Honor Awards of the Woman's Home Companion as one of the outstanding women's clubs in the United States. (See the March issue of the Woman's Home Companion). This award is for distinguished community service and improvement by a woman's club. We understand that the accolade for this work should go to Mrs. J. J. Hannibal of Kinston, N. C., the wife of Dr. J. J. Hannibal of the same city. It was through the publicity given this organization by its publicity director, Mrs. Hannibal, that the work of the Auxiliary was brought to the attention of the Editors of the Woman's Home Companion. Two hundred and fifty clubs were so honored throughout the United States and only seven were named in North Carolina.

Dr. Hubert Eaton, Wilmington, N. C., for selecting him for the Good Citizen Award by the Wilmington Journal. Dr. Eaton was selected on the basis of his outstanding civic accomplishments during 1953.

Dr. W. P. Devane, Fayetteville, N. C., for his selection as Citizen of the Year by the Omega Psi Phi Fraternity of his city.

Dr. Herbert Vick, Fayetteville, N. C., for the opening of his new and modern clinic in this growing city.

Dr. F. W. Avant, Wilmington, N. C., the Dean of Negro Medical Men in the seaport city, for his gallant fight in his most recent illness. It is our understanding that Dr. Avant has sufficiently recovered to again be about his leisurely practice.

Dr. L. E. Macauley, Raleigh, N. C., for his foresight and business acumen as Vice-President of the Mechanics and Farmers Bank of Durham and Raleigh. This institution has recently opened a beautiful and modern Drive-in bank for Negroes in Durham.

The Women's Auxiliary of the Durham Academy of Medicine for the very fine job they have done as receptionists and nurse's aides since the opening of the Cancer Detection Clinic at Lincoln Hospital.

Dr. J. A. Tinsley, Weldon, N. C., for his citation by the Medical College of Virginia for twenty-two years of continuous attendance at its clinics.

Dr. E. E. Blackman, Charlotte, N. C., for the long term of service rendered the Good Samaritan Hospital of his city.

Dr. E. E. Toney, Oxford, N. C., for the long term of service rendered the Colored Orphanage of his community.

Dr. George W. Bulluck, Rocky Mount, N. C., for his gallant fight in his illness and for the honor bestowed upon him by the Edgecombe County Board of Education in naming one of its newer and modern schools, The George W. Bulluck School.

Dr. Catherine B. Middleton, Raleigh, N. C., for her appointment to the Board of Directors of the Mental Hygiene Clinic of Raleigh and Wake County.

To the Administration of the St. Agnes Hospital for its recognition as an institution for the training of surgeons, obstetricians and gynecologists. This institution has recently been approved by the American College of Surgeons for residences in these particular specialties.

Pharmaceutical Section

Good and encouraging reports have come into this office concerning the program being arranged for the Pharmaceutical section of the society. It is quite apparent that there has been a renaissance among the druggists since the 1953 meeting and everything points to the best session in many a moon for this meeting in Winston Salem. It is our understanding that in addition to the regular announcements from the office of the Secretary-Treasurer there is to be a bona fide effort made by the Chairman of the Section and the National President, Dr. Rufus Hairston, to get every registered druggist in the State to attend this meeting. From what we can gather the criticism that has been levelled at those responsible for the program stems around the salient fact that the program has not been interesting.

A report from the chairman of the program committee tells us that it is the hope that this year's program will destroy that criticism. We know that this committee is working hard and we earnestly hope that this section of our society will outdo itself by having the biggest registration in Winston Salem in the history of the organization.

THE ALTRUISM OF DOCTORS

"Medicine is the only profession that labors incessantly to destroy the reason for its own existence."

—James Bryce: Speech in New York, March 23, 1914

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Woman's Auxiliary To The Old North State Medical Society

Mrs. Gwen P. Davis, President of the Womans Auxiliary of the Old North State Medical Society, reports that she has been visiting the several Auxiliaries located throughout the State and hopes that before the annual meeting in June she will have had the opportunity to visit with all of them. She states that an Executive Committee Meeting has been scheduled for Winston Salem on March 13th and all members are requested to be present with new ideas and full reports on the five-point program undertaken by the State Auxiliary. The President reports that as a part of the program of her organization the response of the members to the Mother's March On Polio was most gratifying. The energetic head of the Auxiliary expects to be present at the Executive Board Meeting of the Woman's Auxiliary of the National Medical Association in Houston, Texas, February 20th and 21st. The one item of great concern to Mrs. Davis has been the fact that no Auxiliary in the State of North Carolina had paid its annual affiliation fee to the National body. She is urging all of the local Auxiliaries to do this immediately in order that their names would appear in the Winter edition of the Mouthpiece. This fee may be sent to Mrs. E. Chester Hedgeman, General Secretary, 2325 Chicago Blvd., Detroit, Mich.

The State Chairmen for the Five-Point Program are as follows:

Health—Mrs. C. W. Thompson, 227 N. Robeson St., Chapel Hill, N. C.

Education—Mrs. E. A. Eaton, State Teachers College, Elizabeth City, N. C.

Legislation—Co-Chairman, Atty. Elreta M. Alexander, Greensboro,
Co-Chairman, Mrs. B. W. Barnes, Greensboro

Human Relations—Mrs. Robert LeSueur, Burlington

Community Needs—Mrs. R. H. Green, Charlotte, N. C.

Prepare now for the Annual Meeting in Winston Salem. The Auxiliary to the Twin City Medical, Dental, and Pharmaceutical Society is going all out to make your visit a most pleasant one and one that will live long in your memory. The State Auxiliary expects you.

NEW DRUGS AND THEIR USES

This section is new and is being devoted to announcements of new drugs by the research division of the biological firms. As fast as these announcements are received we shall print them for your use.

SERPASIL . . . Ciba—A new drug produced by Ciba. It is a pure crystalline alkaloid of Rauwolfia serpentine possessing the essential antihypertensive actions of the whole root. It is recommended to provide a mild, gradual, sustained lowering of the blood pressure in patients with essential hypertension and may be used in combination with other antihypertensive drugs. No toxic or tolerance effects have been reported.

MULTICEBRIN, JR. . . . Lilly—A vitamin preparation designed especially for "tweenagers"—children 5 to 12 years old. It comes in a small, red-and-yellow Gelseal that can be swallowed easily by a 5-year-old. Contains essentially the same contents as the adult Multicebrin with above half dose levels of Vitamin B2 and B6.

ACTIVITIES OF LOCAL SOCIETIES

CAPE FEAR MEDICAL, DENTAL, AND PHARMACEUTICAL SOCIETY

OFFICERS:

S. R. Rosemond, D.D.S., President, Wilmington
W. V. Easley, Ph.G., Secretary, Whiteville
Hubert Eaton, M.D., Treasurer, Wilmington

Scientific sessions have been the order of the day with this organization. The December meeting was held in Wilmington with the local group acting as host. It is to be said that all of the local men are intensely interested in the civic welfare of the city and community and one of its number, Dr. Hubert Eaton, was selected to receive the Annual Citizens Award for 1953 at a public ceremony in Wilmington.

SCRUGGS MEDICAL SOCIETY, RALEIGH, N. C.

OFFICERS:

W. F. Clark, M.D., President
C. B. Middleton, M.D., Vice-President, Secretary
R. S. Vann, M.D., Treasurer
W. B. Pettiford, M.D., Chaplain

The scientific sessions of the Scruggs Medical Society were highlighted by the appearance of Dr. Charles Watts, Durham, outstanding surgeon of the Lincoln Hospital Staff. Dr. Watts discussed the topic, "The Management of Gall Bladder Disease." The meeting was well attended and a very interesting round table question-and-answer period followed.

Through the diligent efforts of the members of the Scruggs Medical Society and other agencies the St. Agnes Hospital of Raleigh has been approved for residencies in the field of Surgery, Obstetrics and Gynecology.

ROCKY MOUNT ACADEMY OF MEDICINE

OFFICERS:

J. A. Tinsley, M.D., Weldon, President
J. W. Black, D.D.S., Rocky Mount, Vice-President
W. T. Armstrong, M.D., Rocky Mount, Secretary-Treasurer
F. V. AVANT, M.D., Rocky Mount, Parliamentarian

The January meeting of the society was highlighted by the visit of Dr. W. W. Demerritt of the School of Dentistry, University of North Carolina. Dr. Demerritt discussed the problem of orthodontia and what the general practiitioner and dentist can do about it. The February meeting brought Dr. LeRoy Swift of Durham, eminent gynecologist of the Lincoln Hospital, who discussed the topic, "Functional Vaginal Bleeding, Its Diagnosis, Differential Diagnosis and Treatment." Also appearing at the February meeting was Dr. William Cleland, President of the Old North State Medical Society. Dr. Cleland outlined the policy of the present administration and the problems and objectives he hoped would be reached by the time the society convenes in Winston Salem in June.

GREENSBORO MEDICAL SOCIETY

OFFICERS:

F. E. Davis, M.D., President
W. L. T. Miller, D.D.S., Secretary-Treasurer

The Greensboro Medical Society meets every second Tuesday in the

Staff Room of the L. Richardson Memorial Hospital. The program committee arranges a special program for each of the meetings. The November meeting was highlighted by a discussion of the integration of the Negro into the Medical Society of the State of North Carolina by the President of Guilford County Medical Society. According to the reports from this meeting it seems that some progress is being made on this problem and it may become a reality within the near future. The January meeting was featured by extensive lectures, discussions, and interpretations of Electrocardiographic tracings.

TWIN CITY MEDICAL, DENTAL AND PHARMACEUTICAL SOCIETY, WINSTON SALEM, N. C.

The regular monthly meeting of the Kate Bitting Reynolds Hospital Staff was held February 3rd with a full attendance of Staff and House officers present. Reviews and summaries of the past year were given by the Department Heads; Dr. R. L. Smith reporting for the Department of Medicine, Dr. J. C. Jordan for the Gynecology-Obstetric Department, and Dr. J. M. Walker, Jr., for the Surgical Services. All reports showed a successful year as vouched for by the statistics and each made suggestions for improving his service. Several House Staff problems were brought up by the Chief Resident, Dr. Creque and also by Dr. Galloway. These were thoroughly discussed and ironed out. Drs. Nichols and Morris reviewed the work of the Radiology and Pathology Departments. Brief talks were made by Dr. E. L. Davis, Chairman of the Records Committee and Chief-of-Staff, Dr. May. Both of them stressed the importance of cooperation if the work in the hospital was to continue successful.

CHARLOTTE MEDICAL SOCIETY

OFFICERS:

E. L. Rann, M.D., President
Thomas Watkins, Jr., D.D.S., Vice-President
Roy S. Wynn, M.D., Secretary
R. M. Wyche, M.D., Treasurer
E. E. Blackman, M.D., Chairman of the Executive Committee
W. P. Carter, M.D., Chaplain

The Charlotte Medical Society has held its regular monthly meetings as scheduled with the annual Xmas Party in December and a scientific meeting in January and February. The February meeting was highlighted by a panel discussion on "The Surgical and Radiological Treatment of Tumors of the Head and Neck." The panel was headed by Drs. Ross McElwee and John Glenn, visiting clinicians. In addition to the above meeting the Society was host to Dr. Matthew Walker, Head of the Department of Surgery, Meharry Medical College, during the first week in February. Dr. Walker was in the city attending the regional meeting of the American College of Surgeons.

The Secretary reports that a survey of the hospital needs of the city of Charlotte is underway at the present time with the idea that the hospital facilities for Negroes in the Queen City will be greatly increased. The Old North State Medical Society and the Charlotte Medical Society will lose a newcomer to North Carolina as a result of the decision of Dr. W. D. Harrison of Wadesboro to discontinue his practice in order to accept a position as Medical Director of the River View Hospital in Nashville, Tenn. A promising future "medic" has arrived in the person of a son in the home of Dr. and Mrs. Robert McCree of Albemarle.

DURHAM ACADEMY OF MEDICINE

OFFICERS:

C. D. Watts, M.D., President
T. D. Bass, M.D., Vice-President
R. P. Randolph, M.D., Secretary
Clyde Donnell, M.D., Treasurer
C. W. Thompson, M.D., Reporter
J. N. Mills, M.D., Chairman of the Program Committee

The regular meetings of the Durham Academy of Medicine have been spotlighted by panel discussions. The most recent occurring on January 8th with a panel on the topic, Diabetes. Dr. C. D. Watts acted as moderator with the following participants: "The Use of Insulin, Diet and the Treatment of Diabetes," Dr. David B. Cooke; "The Treatment of Diabetic Acidosis and Coma," Dr. R. P. Randolph; "Ocular Complications in Diabetes," Dr. R. E. Dawson, and "Diabetes in the Obstetric Patient," Dr. L. R. Swift. Members in attendance included Dr. Summerville, a newcomer from Henderson. The Auxiiary of the Durham Academy of Medicine has rendered invaluable service in the establishment of the Cancer Detection Clinic at Lincoln Hospital. They have served as Nurse's Aides and Receptionists besides carrying on their annual project of decorating the wards during the Christmas season.

EASTERN NORTH CAROLINA MEDICAL, DENTAL AND PHARMACEUTICAL SOCIETY

OFFICERS:

B. O. Barnes, M.D., Wilson, President
S. B. Rosemond, D.D.S., Wilson, Secretary
M. D. Quigless, M.D., Tarboro, Treasurer

The regular meeting of the Eastern North Carolina Medical, Dental and Pharmaceutical Society was held at the Bricks Rural School with Dr. W. M. Bryant acting as host. The meeting brought together one of the largest gathering of medical men in the eastern part of the State. Dr. Frank W. Masters, Department of Plastic Surgery, Duke University Hospital, and Dr. Nicholas G. Georgiade of the same department were the principal speakers and used as a topic "Soft Tissue Injuries of the Face." Drs. Kermit White of Elizabeth City, Reid of Windsor, and Stovall of Goldsboro were welcomed back into the fold after a stint in the Armed Forces of the United States. The next meeting has been scheduled for Washington, N. C., with Dr. Dowdy serving as host.

DR. ELLIS E. TONEY

(Continued from Page Four)

nical knowledge and to keep up with the ever changing medical practices. This is evidenced by his attendance at Surgical Clinics at Howard University, John Andrew Clinic at Tuskeegee, St. Phillips Clinic, Richmond, Va., The Mayo Clinic, Cooke County Postgraduate clinics, and the Massachusetts General Hospital Clinics.

This distinguished member of the Old North State Medical Society finds time to serve as Elder and Treasurer of the Presbyterian Church in Oxford as well as serve as its Superintendent of Sunday School. He is a Mason, Shriner, and a member of the Kappa Alpha Psi Fraternity. In addition he is chairman of the Board of Trustees of the Oxford Colored Orphanage. He is married and is the father of three children.

EDSON E. BLACKMAN, M.D.

(Continued from Page Three)

the Commission on Hospital and Better Medical Care for the State of North Carolina. He was cited by his Alma Mater with a Gold Medal for the outstanding service he had rendered to his fellow men in the field of medicine and civic activity.

Dr. Blackman has been a steadfast member of the Old North State Medical Society since 1919 and has served as its President. He is a former Vice President of the National Medical Association and was co-founder and the first President of the John H. Hale Surgical Society of the Carolinas. At the present time he is Junior Warden of St. Michael's Episcopal Church, Charlotte, and is Chairman of the District Organization of the Laymen's League. He is a member of the Beta Kappa Chi National Honorary Society, Phi Beta Sigma Fraternity and has served as President of the General Alumni Association of St. Augustine's College as well as a member of the Board of Trustees of his Alma Mater.

Dr. Blackman does not hesitate to support our State organization and he believes that with the rejuvenation of our State program more and more of the men will be drawn closer to it, especially the younger men. Dr. Blackman, the Journal is proud of such stalwarts you. We wish you every success.

J. D. DOUGLAS, Ph.G.

(Continued from Page Five)

paid three dollars and fifty cents per month for room and tuition, leaving a balance of two dollars and fifty cents for food and other small items. Following graduation from State College in Orangeburg, S. C., he taught for two years before entering the school of Pharmacy at Shaw University. Completing his pharmaceutical education in 1903 he began work in Durham, N. C., in 1904, and since that time he has operated stores in Durham, Rocky Mount, and Henderson. N. C.

The story of Dr. Douglas' life is one filled with love for a profession . . . pharmacy. He is an active church member in his community, one of the oldest, if not the oldest, pharmacist in the State of North Carolina. He is an active member of the Old North State Medical Society as well as the National Pharmaceutical Association. The Journal is happy to point to this beloved member and wish him many, many more fruitful years of activity.

JAMES A. TINSLEY, M.D.

(Continued from Page Five)

years of attendance at its clinics and was awarded a citation and plaque by the Rocky Mount Academy of Medicine for having faithfully served his community for forty years in both the field of medicine and in civic activity. In 1930 he was named as a member of the Advisory Board of Public Welfare and he also served as a member of the Advisory Board of the Committee on Elementary Education for the State of North Carolina from 1936 to 1939. Dr. Tinsley is a member of the First Baptist Church of Weldon, member of the Kappa Alpha Psi Fraternity, member of the Board of Directors of the Bankers Fire Insurance Company of Durham, N. C. He is a past President of the National Association of Insurance Examiners. His ideals . . . to see the time come when every medical and every pharmaceutical man in the State of North Carolina will make it his duty to attend our Annual State Meetings.

(Continued from Page Nine)

ginning treatment dropped to 191 during this month of dietary management.

He was advised to continue the diet so that his weight could be reduced to 175 lbs. Now after 13 months he is enjoying good health; his weight is not yet down to the desired level, but he has been urged to continue to aim for this objective. Weekly tests of the urine have shown constant freedom from glycosuria.

Tests for Diabetes

There are several lessons to be learned from this case. First, there is the need for public education so that the person who has begun to have symptoms of diabetes will recognize the need for medical attention. Anyone who has frequent urination, thirst and loss of weight in spite of a good appetite should realize that he should see his doctor and have a test for diabetes. Furthermore, it is now known to be greatly to the advantage of the diabetic to discover the condition before there are symptoms which impel him to seek medical treatment. The control of diabetes is easier and treatment simpler; insulin injections are not likely to be needed. Complications may be avoided.

It is sound policy to promote the plan of having a urine test for everyone every year. This is particularly essential for the relatives of diabetics, the obese, and the elderly. There should also be a routine test of the urine at the time of any illness. Finally, blood sugar tests should be recommended when a positive urine test is noted.

The American Diabetes Association has rendered an important service in bringing these facts to the attention of the public. Each year, a renewed effort is made during Diabetes Week to stimulate interest in the discovery of diabetes and in the encouragement of known diabetics to give themselves necessary care. Diabetes Week serves as a time for emphasis on a program which deserves continuing attention throughout the year.

Hospitalization of Diabetics

Is hospitalization of diabetics necessary? Admission to hospital may lead to heavy expenses. For many working people, it also results in loss of income and even the possibility of loss of employment. Hospitalization is, of course, essential or at least highly desirable if the patient is too ill to work or if he has a complicating illness which requires special technical management which can best be given in the hospital environment. Hospitalization also can be recommended if the circumstances are such that better instruction can be given in the hospital in regard to the future diabetic regimen. On the other hand, office treatment of the ambulatory patient often has distinct advantages. In addition to saving the patient expense and sparing him from interruption of work and normal life, the physician has an opportunity to see how the prescribed regimen meets the requirements of the patient's situation in his ordinary manner of living.

The Initiation of Insulin Treatment

Should insulin injections be given at once? Treatment with insulin is needed immediately if the patient is really ill, if he has acidosis, if he has complicating infection, and if early control is urgent because of plans for an operation. On the other hand, it is usually best, in my opinion, to defer giving insulin except when these indications are pres-

ent. If an effort is made to control the diabetes with diet alone, one may secure valuable information in regard to the prognosis. Prompt cessation of glycosuria on dietary regulation usually indicates that the diabetes is fundamentally mild; one can then proceed with confidence that reasonable attention to the diet will continue to maintain satisfactory control. If, however, glycosuria persists, the diabetes is likely to be fundamentally severe; from then on it must be treated with all precautions. Insulin therapy is not only essential; there must be close attention to the adjustment of the dosage at times of stress.

There is also a psychological advantage in delaying the initiation of insulin injections. Most people, even doctors, who acquire diabetes, prefer to see how they get along with diet alone before using insulin. When glycosuria persists after a reasonable trial of diet, there is seldom any difficulty in securing acceptance of the treatment. Even a Christian Scientist may be persuaded to accept insulin but will not wish to be rushed into acceptance of this concession.

Dietary Instructions

There are many ways to plan dietary treatment for the diabetic and to instruct him and members of his family in the daily routine. The technique described in "Diabetes Guidebook for the Physician" of the American Diabetes Association has certain merits[1]. In the employment of this technique the use of the booklet "Meal Planning with Exchange Lists" is most helpful[2]. Individual instruction of the patient is important; in fact, there is no substitute for it. But, in addition, group instruction may make the work of the doctor and his assistants easier and more efficient. The teaching film strips prepared by the United States Public Health Service have proved to be of distinct value for group instruction[3].

Objectives of Treatment

The ideal in the management of diabetes is to have the patient feeling well, eating sufficient food to satisfy his appetite and to maintain his weight at the desired level while keeping the urine free from sugar and the blood sugar normal. One should strive zealously to achieve this goal in dealing with juvenile patients (especially at the beginning of treatment), in dealing with all cases of obesity and in all early cases of diabetes. Less than this ideal can be accepted in dealing with diabetes in the very old, in cases in which there are serious complicating illnesses which limit life expectancy and where there is risk of trouble from insulin reactions. When serious efforts to maintain good control have been carried on for at least a year or two and still have failed to result in control or stabilization of the blood sugar level, the conscientious physician may reluctantly concede that from then on he will pay less attention to the laboratory tests and more attention to the comfort, convenience, and satisfaction of the patient.

Prevention and Cure of Diabetes

The favorable course seen in this case is not uncommon in cases in which diabetes has been preceded by obesity. For a year there has been absence of glycosuria or hyperglycemia. Of course, he has continued to live on a limited diet in order to keep his weight down, but in such cases one might even give 100 Gm. of glucose for a tolerance test and still find a normal blood sugar curve.

Such evidence of recovery illustrates the value of intensive efforts to control diabetes with diet. Unfortunately, far too often treatment becomes halfhearted or is even neglected entirely because it is thought

the condition is mild and harmless; only after the later development of a severe degree of diabetes or the appearance of degenerative complications is the seriousness of the condition realized.

Diabetes, when inactive as in this case, might erroneously be considered permanently cured; yet relapse tends to occur when weight is regained or at the time of complications.

The improvement in regard to active diabetes resulting from correction of obesity points to a means of prevention of the disorder. There is a good reason to believe that the prevention of obesity or the treatment of obesity in time will give protection against the development of diabetes in individuals who may have a predisposition to the condition.

A Late Case of Diabetes. In September, 1953, a man, aged 33, came for an examination because of blindness. He had had failing vision for 5 years; then in May 1953 he had sudden pain and loss of sight in the left eye within 24 hours. An operation was performed and the eyeball enucleated. A week later, there was rapid failure of vision in the right, and he became almost totally blind. It was to see if anything could be done to restore his sight in the remaining eye that he now sought advice.

He had had diabetes for 21 years. Since the onset at the age of 12 years he had taken insulin; in recent months he had used 45 units of protamine zinc insulin and 25 units of regular insulin daily. He had attempted to follow a dietary program, but it was admitted that the control of the diet had been irregular. He seemed to have had reasonably good health through the years, but he had begun to feel below par. He also had a chronic cough.

The ophthalmological examination showed retinitis proliferans, vitreous hemorrhage, and hemorrhagic glaucoma affecting the remaining eye. There was no hope of restoration of sight.

The diabetes was under partial control. One specimen of urine was sugar-free; another contained a trace of sugar. The blood sugar was 227 approximately 3 hours after breakfast. Additional unsuspected complications were present. The urine contained albumin and casts. The chest x-ray showed infiltration of the left upper lobe and the sputum contained tubercle bacilli.

Here was a tragic situation. The diabetes was now accompanied by every possible ocular complication resulting in permanent blindness. There was evidence of beginning nephropathy and now in addition unsuspected active pulmonary tuberculosis was discovered.

The Standards of Control of Diabetes

During most of the patient's long years of life with diabetes he had apparently enjoyed reasonably good health. One might have considered that the treatment was successful to a satisfactory degree, since he not only felt well but was able to work regularly. The present situation with the development of disastrous complications makes necessary reappraisal of the standards of control in this and similar cases.

There is difference of opinion in regard to the desirability of prevention of glycosuria and control of hyperglycemia. Some physicians feel that there is nothing to be gained in attempting to restore the diabetic to a normal physiological status in regard to the absence of glycosuria and hyperglycemia. On the other hand, the majority of physicians interested in diabetes feel that there are definite advantages in striving

for this ideal, even though the results may, in many cases, fall short. On reason for this belief is the confidence that the diabetic can thus be given increased resistance against infections such as tuberculosis and that the tendency to degenerative complications can be minimized. There is now substantial evidence accumulating to support this belief.[4]

The situation was recently well presented by Colwell[5] in the following terms, "In addition to the evidence presented by the behavior of sugar tolerance, infection, and vascular disease in the poorly nourished diabetic, common sense and logic should determine the policy of every thoughtful physician in this respect. It should not be necessary to present proof that abnormal conditions are harmful and normal ones preferable. Instead, proponents of lax therapeutic policies in diabetes should produce proof that abnormal conditions are harmless. Nothing of this sort is available. Until it is, every physician should maintain as nearly normal conditions in his diabetic patients as possible in the fear, if not the certainty, that not to do so will invite trouble."

Conclusion

The medical profession has a responsibliity to promote the early discovery of diabetes, to aim for a high standard of control and to guide diabetics, both young and old, along the course of treatment which will give them the best prospects of long, contented and useful lives.

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(Reprinted—as original article for current Medical Digest, Nov. 1953, and personal permission of Dr. Frank Allan, Boston, Mass.

MOST MEMBERS OF THE

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ANTIBIOTICS IN OTOLOGY?

(Continued from Page Twelve)

and provokes the use of the antibiotics for purposes often obscure and irrelevant. It is only natural that great inventions and discoveries should gain wide acclaim and enthusiastic endorsement and enjoy universal acceptance far in excess of that which they merit. The antibiotics are typical examples. Their usage knows no limitations in the practice of otolaryngology and methods for their administration, I'll venture to say, will be restrained only when man's ingenuity fails him in finding some new way of blowing or squirting the agent into the human organism. Fortunately, in medicine, we can look forward hopefully to a reactionary wave which ultimately reduces a new discovery to its true value. Medical investigators are rapidly placing the antibiotics on the block of analysis, exploring their merits and classifying them in accordance with intelligent and practicable principles of utilization."

Lederer voiced a similar opinion. Both his and Furstenberg's articles must be read in toto to fully understand the status of the antibiotics in otology. We quote a few of Lederer's pertinent observations.

"The advent of each successive chemotherapeutic or antibiotic agent gives rise to mixed emotional reactions among all physicians, no less the otologist. Some physicians treat the new agent like that of an intruder in their midst, a threat to the very existence of a well established modality in a specialty, and they resist the very application of the proved agent. The other extreme is represented by a group of physicians who give up the thorough, though time-consuming, history-taking and careful study of the patient and indiscriminately and fearlessly dose the patient."

"The treatment of acute otitis media has not changed. Virulency of the invading organism and the basic mechanical problems of the cavum tympani and the eustachian tube are the same. The majority of middle ear infections of this day that respond to anti-microbial agents are the very same types (otitis media simplex) which responded to the magic of the phenol-glycerin drops; the ears treated today are the very same ears for which exaggerated claims were made that they 'drained by way of the eustachian tubes' ".

"The physician must attitudinize his thinking to the importance of the minutiae of tympanic membrane changes."

Maxwell, in answer to his own question, "Why not use one of the sulfonamides or an antibiotic routinely in all cases of acute otitis media, both non-suppurative and suppurative, since experience has shown that most of them will resolve without drainage under this regimen?" states the following:—

"There are several aspects of this question which should be considered individually. In the first place, it is generally conceded that such medical therapy is never a substitute for an indicated surgical operation. Many infections in the ear and elsewhere in the body can be aborted by properly chosen chemical and biologic preparations and thus cured before the indications for surgical drainage develop. After surgical drainage, such medical therapy may be most valuable in decreasing the morbidity and in preventing complications which might prove fatal. In the second place, not all cases of acute otitis media need such medical therapy. The sulfonamides and antibiotics are not perfectly innocuous substances. The undesirable side effects and the deleterious toxic and allergic reactions are well known. These agents are far too valuable to

waste by indiscriminate use and thus chance a sensitization reaction which may preclude the possibility of using the drug during some future illness when it is needed desperately. Experience in the pre-sulfa days demonstrated that 95 to 97 percent of cases of acute suppurative otitis media resolved spontaneously without mastoid surgery."

Rutherford, whose observations are based upon experiences at the Children's Hospital of the East Bay in California, substantiates the quotations above.

"The majority of middle ear infections which respond magically to one of two 'shots' of penicillin are those which in years past have responded to glycerin drops, heat and decongestants. Secretory or non-purulent otitis, seen frequently as a complication of the common cold, virus infections of the respiratory tract, hypertrophied adenoids and allergic rhinitis, may give symptoms of pain and low grade fever in children. This type of otitis media is caused by obstruction of the eustachian tube, and responds to decongestants which restore aeration of the middle ear and permit drainage of the secretion. Much of the evidence of the effectiveness of penicillin in the treatment of otitis media is based on the false premise that otalgia means a suppurative otitis media. As a matter of fact, the otalgia may be due to a reddened, retracted tympanic membrane and a vacuum in the middle ear or to an accumulation of non-suppurative transudate or exudate."

Maxwell states:—"A second but closely allied condition which I wish to discuss very briefly at this time since it was mentioned earlier is otitis media with effusion".—"There is increasing evidence that an early suppurative otitis media aborted by chemotherapy may result in an effu-

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sion of clear amber serum into the middle ear. Without earache, fever, or general reactive symptoms, the patient is apparently cured of his infection. The adult will complain of a feeling of fullness in his ears and hearing impairment, but the young child is not likely to complain of these symptoms. If only one ear is involved, the parents may not notice the impaired hearing but it is likely that there will be some decline in the quality of the child's school work. Examination will give evidence of a conductive type of hearing loss. The drum membrane may appear to be normal on casual inspection but on more careful study it will be seen to have an amber color due to the serum behind it."

Karatay felt that in certain cases of otitis media which clear up without operation, after long, continued use of penicillin, there result granulation tissue and adhesions to produce a conduction deafness.

In the therapy of any acute otitis, the preservation of hearing is of prime importance. In the opinion of many observers, it is as yet too early to determine the extent to which the antibiotics are contributing to hearing less because of their indiscriminate use and improper dosage. Most otologists are in agreement that they are seeing more cases of disturbed hearing in patients who have been given an antibiotic for an acute otitis media, and that a proper evaluation of the dangers of antibiotics to hearing is as yet a problem for further study.

The "masking effects" of these biological pharmaceuticals are becoming more and more evident. During the early days of the sulfa drugs, Law first called attention to the changes of the roentgen picture of the mastoid process, and noted that where these drugs had been administered, the interpretation of findings could not follow the accepted concept of cellular destruction. Friesner, Maybaum and others warned of the alteration in the clinical picture. With the addition of the antibiotics, less attention is paid to the otoscopic picture, less time is consumed in the careful cleansing and inspection of the ear, and little thought given to seeking the opinion of an otologist. Consequently, the following is beginning to occur with greater frequency.

"There may be adhesions separating the attic from the lower tympanum, allowing the infectious process insidiously to continue for several months in the attic or mastoid without obvious clinical manifestations until an epidural or perisinus abscess finally manifests itself. These are not theroetical possibilities—they are actually occurring. All otologists who work with children have observed such cases. Examples of each of the latter two complications were encountered recently in the author's practice. One, involving an epidural abscess occurred three months, and the other, a perisinus abscess, occurred four months after the acute ear infections apparently had been successfully treated with penicillin." (Rutherford)

Barrett, who reported two cases of sinus thrombosis occurring in "acute mastoiditis masked by penicillin therapy", wherein no clinical evidence of the lesion was present, stated that "indiscreet, inadequate, and unwise administration of the drug is responsible for most failures of penicillin in the treatment of mastoiditis". Popper, Montis, and others have also commented upon the masking effect of the antibiotics.

In the therapy of the chronic suppurations of the temporal bone, there is an overwhelming amount of evidence that they have no place, systemically or locally. "I know of no authenticated instance of any of the antibiotics having cured a chronic suppurative otitis media and mastoiditis. Nevertheless, over a period of years when the antibiotics have

been extensively employed both systemically and locally, our observations lead to the conviction that these forms of therapy have no place in the treatment of chronic suppurative otitis and mastoiditis". (Furstenberg).

The American Journal of Medical Practice, in its June 1951 issue, in answer to a query on this subject stated, "No, the antibiotics and chemotherapeutic agents are not successful in eliminating long-standing chronic otitis media. Such infections are located in the mastoid antrum and in some cases in remaining mastoid cells. The purulent secretion in these spaces is not in direct contact with the blood stream and, therefore, is not influenced by medicinal agents transmitted by the blood. In favorable cases, resolution of the infection can be achieved by local treatment, but in the majority of cases surgical intervention will be needed for relief."

The topical use of the antibiotics in otitis media has commanded considerable attention. Evidence has already accumulated to a sufficient extent to seriously detract from their use in this manner. Krauss, who used penicillin in the form of ear drops and by otosuction, concluded that penicillin, used locally, was of little value. Lindsay notes the futility of using penicillin drops in acute otitis media. De Blois cites that after local application "in only a small percentage of cases studied (Los Angeles General Hospital) did the areas treated become sterile, and in an even smaller percentage did they remain sterile for any appreciable time". "In other words", as Lederer says, "there seems to be little justification for the current enthusiasm in regard to penicillin when used locally and orally. The increasing numbers of angry red, extremely sore throats from the local 'prophylactic' use of this agent attests to its possible hazards and abuse. Its prolonged administration under such conditions may produce resistant strains of organisms which will fail to respond to therapy at some future time when the effect is sorely needed."

There is one word of caution to be added. One of the antibiotics, streptomycin, has a decided deleterious effect on the perceptive portions of the labyrinth. Destructive changes to both vestibular and cochlear branches of the eighth nerve have been reported.

In summarizing, these facts seem to stand out:—

1. A meticulous examination of the ears is essential before treatment is prescribed.
2. Pain in the ear does not in itself indicate an infection.
3. Prior to chemo-and antibiotic therapy, the greatest percentage of otitis media (well over 90%) resolved under local therapy without resort to surgery.
4. Indiscriminate use of antibiotics can cause a hidden asymptomatic deep-seated infection.
5. Indiscriminate use of antibiotics may lead to loss in hearing acuity.
6. Indiscriminate use of antibiotics in the ordinary otitis medias may render their usefulness futile when a complication ensues.
7. Antibiotics are of very questionable value when used locally in acute otitis media.
8. Antibiotics in the chronic otorrheas have little, if any effect either systemically or locally.
9. Antibiotics have their place in otology. However, from a re-

view of the literature available, they cannot be used as "shotguns" to replace careful examinations, accurate diagnosis, judicious selection of the individual antibiotic when indicated, and adequate dosage.

10. Antibiotics have placed upon the otologists an added incentive. Faced with increasing numbers of complicated surgical problems, which seem to be mounting according to reports, they are confronted with a new etiologic element in the causation of hearing loss.

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THE JOURNAL OF OLD NORTH STATE MEDICAL SOCIETY

"DEVOTED TO THE PROGRESS OF MEDICINE"

THE KATE BITTING REYNOLDS HOSPITAL

Winston Salem Edition

VOLUME IV JUNE, 1954 NUMBER II

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FOREWORD

This issue of the Journal marks the last of four for the current year. Our desk has had numerous letters thanking us for a kind word here and there, but we aren't sure that the Journal is just what you would have it be. We have tried to recognize accomplishments where we were able to get the data. We have had to read and read the newspapers and other periodicals for news about our members. We have had to beg and beg Secretaries of local societies to give us a bit of information on what goes on in their areas. We would like to take this opportunity to thank you for all the kind words you have said and written and we also want to make an urgent request that YOU let us know what you want in this publication. We invite your criticisms and remember we can only improve our work by your help.

The Journal of the Old North State Medical Society

EDITORIAL STAFF

Published in Rocky Mount, N. C., four times yearly—October, December, March, June

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Mayor Kurfees Sends Greetings to Society

J. M. Walker, Jr., M. D.
President of Twin City Medical Society and
General Program Chairman,
The Twin City Medical, Dental and Pharmaceutical Society
114 Third Street, N. E.
Winston-Salem, North Carolina.

Dear Dr. Walker:

It is with a great deal of pleasure that we look forward to being host city to the Old North State Medical Society's annual meetings here June 1, 2, and 3, 1954.

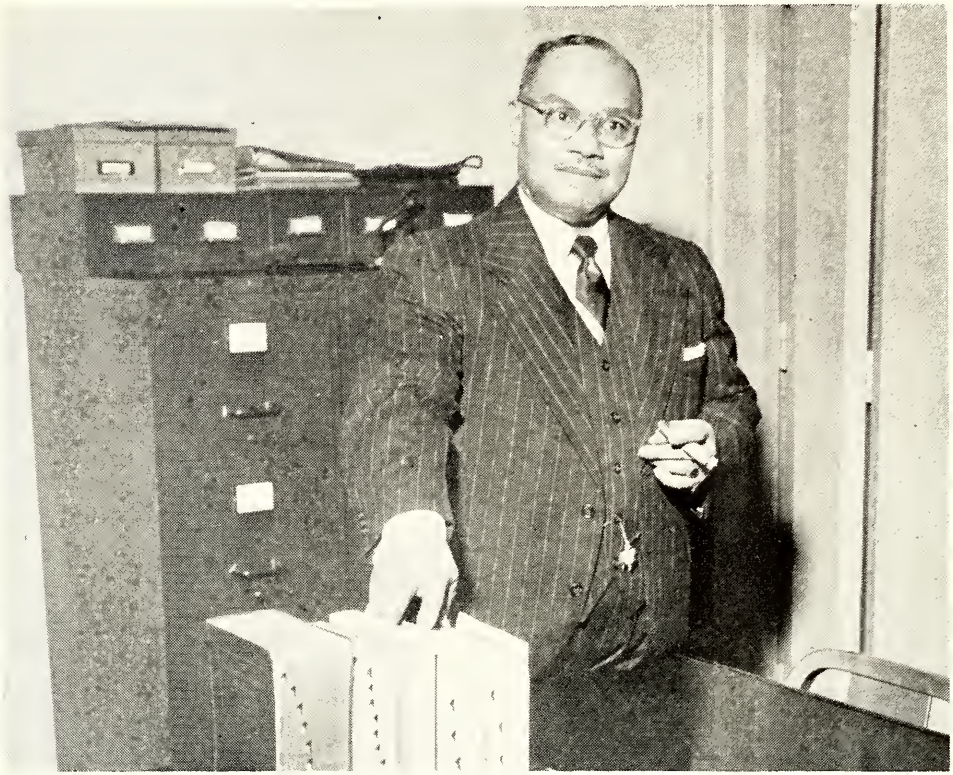
We are sure you will find the Kate Bitting Reynolds Memorial Hospital and Winston-Salem Teachers College ideal for your meetings.

We want each of you to feel that the City Hall is the front door to your meetings. We shall be most happy to cooperate in any and every way possible to make your visit to Winston-Salem both pleasant and profitable, and so on behalf of the citizens of Winston-Salem may I welcome you to our City.

Sincerely,

Marshall C. Kurfees
Mayor

PRESIDENT OF HOST SOCIETY



J. M. WALKER, JR., M. D. F. A. C. S.

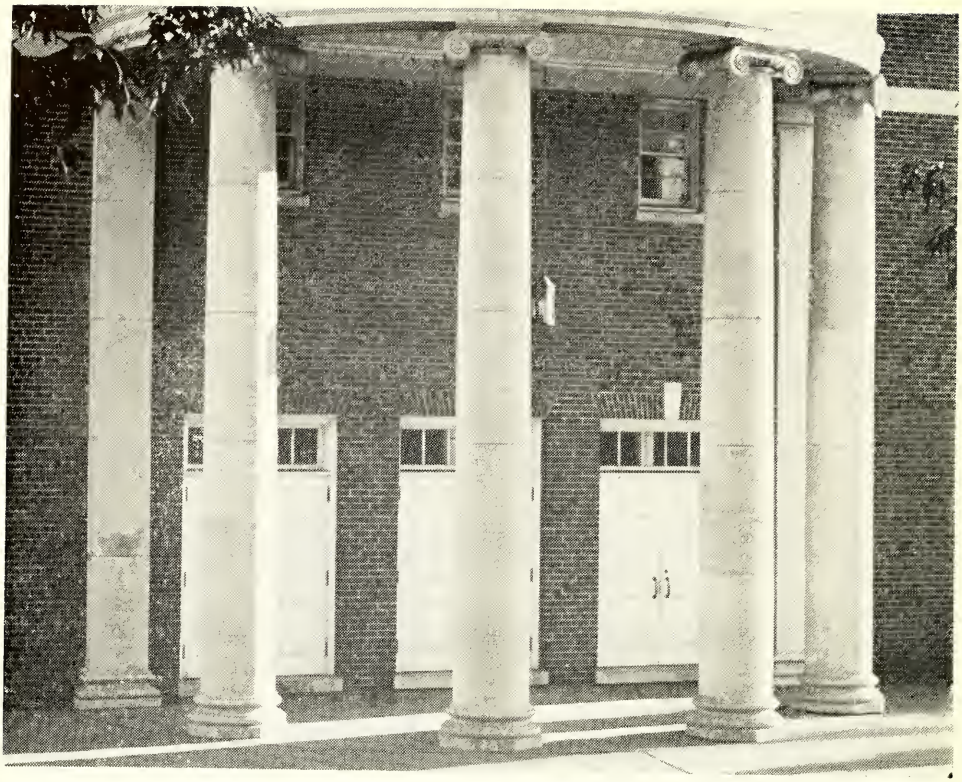
President, Twin City Medical Society

Genial Joe Walker as he is known to his intimate friends in the Old North State Medical Society is a very congenial gentleman. As President of the Twin City Medical Society he has the unwanted distinction of being the "Man of the Hour" when the Old North State Medical Society convenes in the Twin City during the month of June. Although he has surrounded himself with good and cooperative committees it is needless to point out that there must be a guiding hand and sometimes that guiding hand must show a stroke of genius. Such is the stroke of Genial Joe.

Dr. Walker is a graduate of the University of Illinois, completing his education at this institution in 1933. He did his interneship and an assistant residency, and a residency in urology at City Hospital No. 2, St. Louis. He was the First Resident in Surgery at the Homer G. Phillips from 1936 to 1938. He began his practice in the Twin City in July 1938.

By appointment he is on the staff of the Kate Bitting Reynolds Memorial Hospital where he is also the Attending Surgeon, Associate Orthopedic Surgeon, Chief of the Surgical Services, member of the

(Continued on page twenty-eight)



FRIES AUDITORIUM

Winston Salem Teachers College

Dr. J. M. Walker, Jr.

President, Twin City Medical Society and

General Chairman for the Annual Meeting

Winston-Salem, North Carolina.

Dear Dr. Walker:

We have learned that the Annual Meeting of the Old North State Medical Society will be held in Winston-Salem June 1, 2, 3, 1954.

We wish to congratulate you and the members of your fine organization for bringing the annual meeting of the Old North State Medical Society to our city. Our College will be glad to cooperate with your Program Committee in making the annual meeting a success.

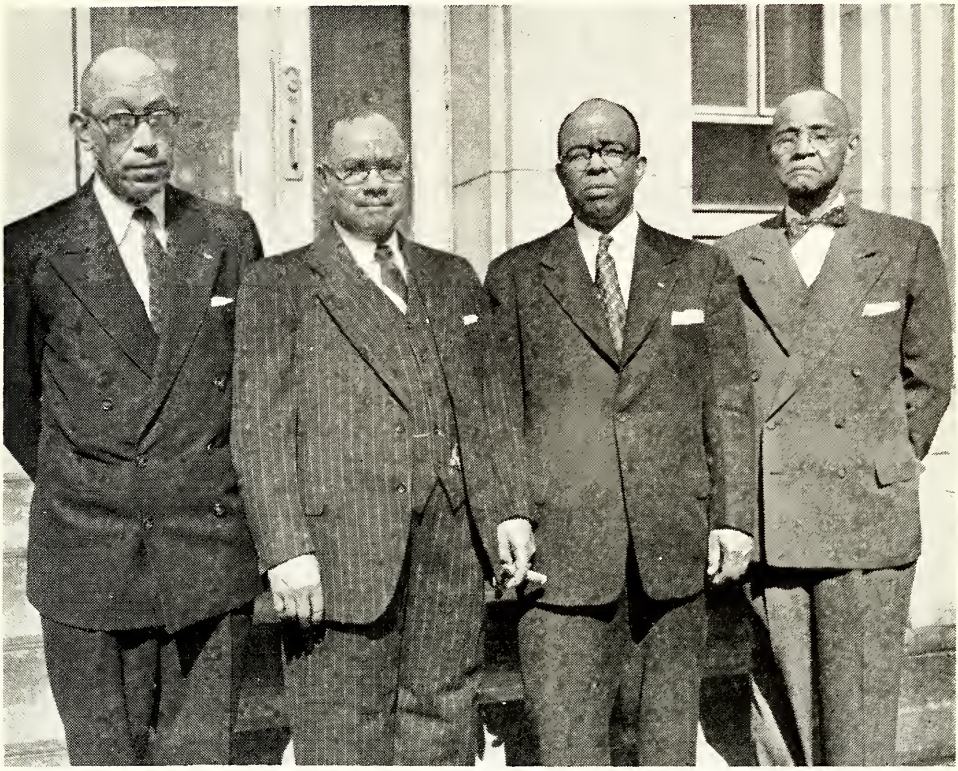
We feel that the sessions of the annual meeting will be of great assistance to the professional people and others in Winston-Salem and this area, and we shall be glad to render every possible assistance in making the meeting a success.

Sincerely yours,

F. L. Atkins

President

OFFICERS TWIN CITY MEDICAL, DENTAL AND PHARMACEUTICAL SOCIETY



Left to right: Dr. E. Shepard Wright, Secretary; Dr. J. M. Walker, Jr., president; Dr. W. F. Meroney, Vice-President; Dr. H. Darius Malloy, Treasurer.

Dr. J. M. Walker, Jr.
President Twin City Medical Society and
General Program Chairman
Winston-Salem, North Carolina.

Dear Dr. Walker:

It has come to our attention that the Old North State Medical Society is convening in Winston-Salem, N. C., on June 1, 2, 3, 1954.

We wish to congratulate you and the members of your organization for bringing the sessions to this city and wish to take this opportunity to not only welcome you, but to extend our facilities during the sessions at Kate Bitting Reynolds Memorial Hospital. We feel that these will be outstanding meetings and we are eager to offer whatever assistance we can in making the visit of the Old North State Medical Society to our city and hospital a very pleasant one.

Sincerely yours,

E. V. Fox
Administrator.

ANNUAL MEETING PROGRAM COMMITTEE

Left to right: Dr. R. L. Smith, Chairman; Dr. J. Charles Jordan, Dr. H. Rembert Malloy. Dr. Rufus Hairston, absent.

OLD NORTH STATE MEDICAL SOCIETY

Program

TUESDAY — JUNE 1, 1954

Registration—6:30 P. M. - 8:00 P. M.
Science Building, Winston-Salem Teachers College

Business Meeting—8:00 P. M. - 10:00 P. M.
Auditorium Science Building, Winston-Salem Teachers College

Reception—10:00 P. M. - 12:00 P. M.
Residence of Dr. and Mrs. H. Rembert Malloy
2020 Eighth Street, N. E.

WEDNESDAY — JUNE 2, 1954

8:00-9:00A. M.—Breakfast—Dining Hall, Winston-Salem Teachers College

9:30-11:00 A. M.—Ward Rounds—Kate Bitting Reynolds Memorial Hospital.

(a) Surgery

(b) Medicine

(c) Pediatrics

(d) OB - Gyn.

11:00-11:30 A. M.—View of Exhibits
Science Building, Winston-Salem Teachers College

11:30 A. M.-12:30 P. M.—Symposium—Gall Bladder Disease
Lincoln Hospital Staff, Durham, N. C.

12:30-1:30 P. M.—Lunch—Dining Hall, Winston-Salem Teachers College

1:30-2:00 P. M.—View of Exhibits

2:00-2:30 P. M.—Acute Disseminated Lupus Erythematosis
R. L. Smith, M. D., Attending Physician, Kate Bitting Reynolds Memorial Hospital

2:30-3:00 P. M.—Differential Diagnosis of Diseases of the Liver
David Cayer, M. D., Professor of Gastro-Enterology, Bowman Gray School of Medicine

3:00-3:30 P. M.—Joint Meeting of Medical and Pharmaceutical Sections

Introduction of Speaker—R. S. Hairston, Ph. G., President-Elect of The National Pharmaceutical Association, Inc.

Speaker—Dean Chauncey I. Cooper, Executive Secretary of The National Pharmaceutical Association, Inc.
Dean, School of Pharmacy, Howard University

Response to Speaker—J. D. Quick, Jr., B. S. Phar.

3:30-4:00 P. M.—Diagnosis and Treatment of Chronic Congestive Heart Failure

R. L. McMillan, M. D., Professor of Clinical Medicine, in charge of Cardio-Vascular Diseases, Bowman Gray School of Medicine

4:00-4:30—Problems in Pediatric Treatment
R. B. Lawson, M. D., Professor of Pediatrics and Head of the Department, Bowman Gray School of Medicine

4:30-4:45 P. M.—View of Exhibits

4:45-6:00 P. M.—Business Meeting.

8:00-12:00 P. M.—Smoker, Dining Hall, Winston-Salem Teachers College

Master of Ceremonies—Dr. H. D. Malloy

Guest Speaker—Dr. Matthew Walker, President-Elect of The National Medical Association

Dean Chauncey I. Cooper

THURSDAY — JUNE 3, 1954

8:00-9:00 A. M.—Breakfast—Dining Hall, Wiinston-Salem Teachers College

9:30-11:00 A. M.—Ward Rounds, Kate Bitting Memorial Hospital

(a) Medicine
(b) Surgery
(c) Pediatrics
(d) OB - Gyn.

11:00-11:30 A. M.—View of Exhibits
Science Building, Winston-Salem Teachers College

11:30 A. M.-12:30 P. M.—Clinico-Pathological Conference

Participants:

Matthew Walker, M. D., Professor of Surgery and Head of the Department, Meharry Medical College; Chief of Surgery, Hubbard Hospital

E. L. Davis, M. D., Chief of Medical Service, Attending Physician, Kate Bitting Reynolds Memorial Hospital

Robert J. Nichols, M. D., Assistant Radiologist, Kate Bitting Reynolds Memorial Hospital and City Hospital

D. S. Morris, M. D., Pathologist, Kate Bitting Reynolds Memorial Hospital and City Hospital

12:30 P. M.—View of Exhibits

1:00-2:00 P. M.—Short Business Meeting

2:00-2:30 P. M.—Management of Third Stage of Labor and Post-Partum Hemorrhage

Frank Locke, M. D., Professor of Obstetrics and Gynecology and Head of the Department, Bowman Gray School of Medicine

2:30-3:00 P. M.—Clinical Uses of Acth and Cortisone
Ernest H. Yount, M. D., Professor of Medicine and Head of the Department, Bowman Gray School of Medicine

3:30 P. M.—Picnic
Lawn of Dr. and Mrs. R. L. Smith, 1030 25th St., N. W.

PROGRAM — PHARMACEUTICAL SECTION

All meetings will be held in the Alumni Building,
Winston-Salem Teachers College

WEDNESDAY MORNING—11:00 A. M.

Invocation ..... J. D. Douglas, Ph. G.

Reading of Minutes of the 1953 Session ..... W. O. McNair, Ph. C., Secy.
Greensboro, N. C.

Introduction of Speaker ..... Y. D. Garrett, Phar. D.
Durham, N. C.

Speaker ..... Mr. H. C. McAllister
Secy.-Treas. of the N. C. Board of Pharmacy, Chapel Hill, N. C.

Subject:
"New Laws Pertaining to the Practice of Pharmacy"

Response to Speaker ..... R. H. Wimberley, Ph. C.
Raleigh, N. C.

WEDNESDAY AFTERNOON—3:00 P. M.

Joint Meeting of the Medical and Pharmaceutical Section in the Science Building, Winston Salem Teachers College

Introduction of Speaker ..... R. S. Hairston, Ph. G.
Pres.-Elect of Natl. Phar. Assn., Inc., Winston Salem, N. C.

Speaker ..... Dean Chauncey I. Cooper
Executive Secy. National Phar. Assn. and Dean of the School of Pharmacy of Howard University, Washington, D. C.

Subject:
"An Improved Professional Service to the Patient"

Response to Speaker ..... J. D. Quick, Jr., B. S. Phar.
Winston-Salem, N. C.

WEDNESDAY AFTERNOON — 4:00 P. M.

Report from the Delegate to The National Association which met in Houston, Texas, 1953.
Y. D. Garrett, Phar. D., Durham, N. C.

THURSDAY MORNING — 11:00 A. M.

Roundtable Discussion: 'Your Problems in Everyday Business In The Store"

Opening the Discussion ..... W. M. Wynn, Ph. C.
Greensboro, N. C.

Appointing Committees and Announcements

THURSDAY AFTERNOON — 3:00 P. M.

Joint Meeting of The Medical and Pharmaceutical Sections

The committee is asking every Druggist in North Carolina to be present Wednesday. This will be the most interesting meeting we ever had. Something that is of vital importance to you will be heard.

AUXILIARY ENTERTAINMENT COMMITTEE

Woman's Auxiliary, Twin City Medical, Dental and Pharmaceutical Society—Left to right: Mrs. Rufus Hairston, Mrs. J. Charles Jordan, Mrs. J. M. Walker, Jr., Mrs. W. H. Bruce, Sr. (Chairman), Mrs. J. D. Quick, Sr. Mrs. H. D. Malloy, absent.

PROGRAM — WOMAN'S AUXILIARY SECTION

Tuesday, June 1, 1954—7:00 P. M.

Registration—Lower Auditorium, Winston Salem Teachers College
"Charm and Talent Hour"—8:30 P. M.

Lower Auditorium, Winston Salem Teachers College

Reception—10:30 P. M.
Residence: Dr. and Mrs. H. Rembert Malloy
2020 Eighth Street, N. E.

Wednesday, June 2, 1954—10:30 A. M.

Business Meeting—Y.W.C.A., 7th at Patterson Ave., N. E.
Luncheon with Guest Speaker—1:00 P. M., Y.W.C.A., 7th at Patterson Ave., N. E.

Ladies Game Evening—8:00 P. M.
Residence: Mr. and Mrs. R. S. Hairston,

CO-CHAIRMAN ENTERTAINMENT COMMITTEE

DR. L. L. HALL

1801 14th Street, N. E.

Thursday, June 3, 1954—10:30 A. M.

Business Meeting—Lower Auditorium, Winston Salem Teachers College

Luncheon—1:00 P. M.

Dining Hall, Wiinston Salem Teachers College

Sight-Seeing Tour—1:30 P. M.

Picnic—3:30 P. M.

Lawn of Dr. and Mrs. R. L. Smith, 1030 25th St., N. W.

SOCIAL CALENDAR

Reception—10:00 P.M.-12:00 Midnight, June 1, 1954, Residence of Dr. and Mrs. H. Rembert Malloy, 2020 Eighth St., N. W.

Smoker—8:00 P. M.-12:00 Midnight, June 2, 1954, Dining Hall of Winston Salem Teachers College.

Guest Speakers: Dr. Matthew Walker and Dean Chauncey I. Cooper.

Picnic—3:30 P. M., June 3, 1954, Lawn of Dr. and Mrs. R. L. Smith, 1030 25th St., N. W.

THE TWIN CITY MEDICAL AUXILIARY — JUNE 1, 1954

PLANNING COMMITTEE

Mrs. W. H. Bruce, Sr.
Mrs. J. C. Jordan
Mrs. R. S. Hairston
Mrs. H. D. Malloy
Mrs. D. R. Wilson
Mrs. J. M. Walker, Jr.
Mrs. J. D. Quick, Sr.

RECEPTION COMMITTEE

Mrs. H. R. Malloy
Mrs. J. C. Jordan
Mrs. A. L. Cromwell
Mrs. L. Creque

TALENT AND CHARM COMMITTEE:

Mrs. H. D. Malloy
Mrs. W. F. Meroney
Mrs. J. M. Walker, Jr.
Mrs. W. W. Quivers
Mrs. L. L. Hall

REGISTRATION COMMITTEE:

Mrs. P. M. Brandon
Mrs. H. T. Allen
Mrs. T. H. Dennard
Mrs. I. L. Johns

SIGHT-SEEING COMMITTEE:

Mrs. J. D. Quick, Sr.
Mrs. H. D. Malloy

LADIES MEET COMMITTEE:

Mrs. R. S. Hairston
Mrs. J. C. McKnight
Mrs. F. W. Jackson
Mrs. W. C. Calloway

PACKAGE COMMITTEE:

Mrs. W. H. Bruce, Jr.
Mrs. E. S. Wright
Mrs. Wm. C. Penn
Mrs. C. O. Lee
Mrs. L. J. Butler

PICNIC COMMITTEE:

Mrs. R. L. Smith
Mrs. J. B. Ewers
Mrs. C. N. Smith
Mrs. E. L. Davis

LUNCHEON COMMITTEE:

Mrs. E. S. Wright
Mrs. I. B. Hall
Mrs. W. H. Bruce, Sr.
Mrs. C. W. Cooper

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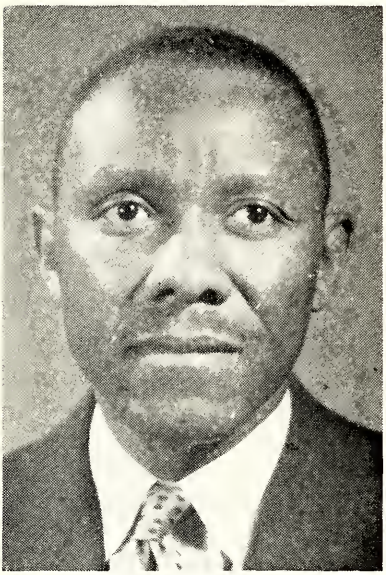
The President Reports

Press time for the last sisue of the Journal was too early for me to have reported on my visit with the Rocky Mount Academy of Medicine. However, the memory of an enjoyable evening and fellowship is still with me. I listened with the members of the Academy to a scholarly presentation by Dr. Leroy Swift of the staff of Lincoln Hospital, Durham, N. C. Under the aegis of Dr. Tinsley this constituency is moving along smoothly and my hat is doffed to them in praise and appreciation.



William Cleland, M.D.

On the 22nd of April, 1954, the president met with the Eastern Carolina Medical Society at Washington, N. C , and on the 25th of April, 1954, met with committees from the Old Dominion Medical Society and the Palmetto Medical Society in Durham, N. C., in reference to the proposed tri-state scientific assembly. Finally, during the month of May the president was feted at a banquet by the Durham Academy of Medicine.

Now that the end of my administrative year nears, it seems fitting that I give a brief account of my stewardship. For this I request your indulgence.

I accepted the challenge of the office of president of the society because it gave me an ex officio opportunity to extend my energies into all of the activities of a society whose interests I have at heart. This I did to the best of my ability. I visited constituencies whenever and wherever invited. I rendered services to the various committees where I felt my services could be used to advantage. These things, I hope were done satisfactorily.

We believe that our efforts to secure the privilege of membership in constituent American Medical Association societies have been rewarded, in that the inertia which held us back seems to have been overcome, and the momentum needed to bring about full realization is in view (more about this in the business session of the annual meeting of the society).

I am happy to use the medium of the Journal to express my thanks to the officers and committees of the society, who have rendered unselfish and yeomen service. To them belong the thanks and praise for any success this administration might have enjoyed. Failures are the full responsibility of the president.

In closing may I entreat you to show your appreciation for the work of the officers and committees by sending your dues to the Secretary-Treasurer now, and attending the Annual Meeting in June (1st, 2nd and 3rd).

Yours for a beter Society, I am

W. A. Cleland, President
Old North State Medical Society

Dr. J. S. Simmons, The President-Elect

To My Fellow Members of The Old North State Medical Society,

Greetings from the Office of the President Elect:

For the past ten years it has been my pleasure to be associated with our fine State Society and in saying that this is a "fine society" I do so in all sincerity. To me it is fine because through the years it has served as first, the only organized instrument of scientific medical expression for the men of our group in this State and secondly, it has served a means by which, from year to year, we might meet and fraternize with our medical friends and co-workers. It has lamentably been, all too true, that many of our men who could have added to our society, have seen fit to sit on the sidelines and criticize. Some have said, "What can the Old North State Medical Society give me"? These are the men who should say "What can I give the Old North State Medical Society"? Every Negro doctor in North Carolina should take for his lot the latter statement . . . not "What can I get" but "What can I give?" These are momentous days and our tomorrow will largely depend on our preparedness today.

J. S. Simmons, M. D.

Recently, it has come to our attention that the Guilford County Medical Society and the High Point unit in particular have petitioned the Medical Society of the State of North Carolina to so revise their constitution as not to place any racial barriers on membership. This gesture of goodwill, to me, is significant of the constructive propaganda carried on by our Society and I feel sure that it will bear much good fruit in the future.

During the year of my stewardship of this organization, it will be my fervent and conscientious endeavor to solicit the active support of every Negro physician in North Carolina. I shall encourage our Committee on Integration to continue to press forward in this field and at the same time it shall be our policy to build a stronger Old North State Medical Society. We shall encourage more advance study in the various fields of medicine so as to prepare ourselves to measure up to the opportunities that will surely be ours in the not too distant future. Lastly, it shall always be my aim to carry out the wishes of this Society and with your help and God's guidance we will see it through.

With every good wish, I am

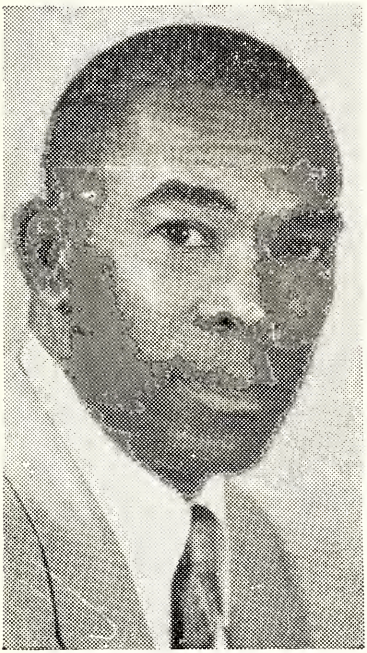
J. S. Simmons, M. D.

AUXILIARY SPEAKER

CHARLES H. BYNUM

Director of Interracial Activities
National Foundation for Infantile Paralysis

Charles H. Bynum of New York City is director of interracial activities for the National Foundation for Infantile Paralysis. He acts in an advisory capacity for both the field and headquarters' staff with regard to the National Foundation's service program for polio patients and the annual March of Dimes drive each January.



Charles H. Bynum

Mr. Bynum joined the National Foundation in 1944 with fourteen years experience in education and interracial activities. Prior to his work with the National Foundation, he was assistant to the president of Tuskegee Institute. He has also served as Dean of Texas College, Tyler, Tex., and as field secretary of the Commission on Interracial Cooperation.

A member of the American Teachers' Association and the National Education Association, Mr. Bynum has taught in public schools in North Carolina and Texas and at colleges in Kentucky, Oklahoma, North Carolina and Texas. He is affiliated with the American Public Health Association, the National Association for the Advancement of Colored People, the National Urban League and the Shriners.

As an Elder of St. James Presbyterian Church in New York, he was one of five church laymen selected to tour Europe during 1952 in a goodwill effort to interpret American Protestantism to Europeans.

Mr. Bynum received his B. A. degree from Lincoln University where he was elected a member of Kappa Alpha Psi Fraternity. He received his master's degree from the University of Pennsylvania and did additional graduate study in educational research at the Universities of Minnesota and Southern California.

Mr. Bynum was born in North Carolina, the son of the late Charles H. Bynum, Sr., and Helen B. Bynum. He married Loyce E. Willis of Waco, Tex., in 1937. Mr. and Mrs. Bynum now reside at 260 Convent Avenue, New York City.

EDITOR'S PAGE

Well Done Dr. Cleland and Mrs. Murray B. Davis

Another twelve months have passed and with it passes the leadership of Dr. William Cleland as President of the Old North State Medical Society and that of Mrs. Murray B. Davis as President of the Woman's Auxiliary to the Old North State Medical Society. One does not have to refresh his memory for the accomplishments of these two stalwarts of our organization. He simply has to remember what we had done before these individuals came upon the scene and then gaze back at what has been done since their inauguration. Dr. Cleland's administration saw the reestablishment of the Lincoln Hospital Clinic, the return of men once lost to our society, the dropping of racial barriers by the Mecklenburg Unit of the Medical Society of the State of North Carolina and many other significant accomplishments.

Mrs. Davis saw her organization given worldwide acclaim for outstanding work in the field of women's club activities, accomplishment of a five-point program as outlined by her organization that was statewide in action, the Woman's Auxiliary to the Charlotte Medical Society observe "Doctor's Day" by appropriate activities. One could easily hear these two individuals preparing to tell their successors "To you from unfailing hands we throw the torch, be yours to hold it high. If ye break faith . . ." They were and are two persons of great courage and leadership. They fully recognized the fact that to do anything in the world worth doing we must not stand back shivering and thinking of the cold and danger, but JUMP IN . . . and scramble through as well as we can. Although your stewardships have ended, we still count upon you for contributions and guidance.

HOW LONG, OH CATALINE

According to a news release through the Associated Press following the close of the annual meeting of the Medical Society of the State of North Carolina the Guilford Resolution pertaining to Negro membership in this organization was rejected by the House of Delegates but a second resolution introduced at the last session empowered the President to appoint a committee to study the problem and report back at the 1955 meeting.

That the ground work for the removal of this barrier has been well layed cannot be questioned but there remains yet a lot to do. Some of the constituent societies were ahead of others in making contacts and urging white county units to instruct their delegates to support the Guilford Resolution, others took a half-hearted attitude and made no approach. For this barrier to be broken down we must all share an equal responsibility in the work of the Committee on Integration not only by approaching our Caucasian colleagues but also by improving our medical knowledge by attendance at clinics and by upholding the moral standards of the profession. The very fact that one county unit (Mecklenburg) has already dropped the barrier is an indication that the walls are crumbling and it is predicted in circles that are authentic that others will follow suit before the meeting of this organization next May. You can help by assuming your responsibility as a member of the Old North State Medical Society. Join Up . . . Pay Up . . . Stand Up and Be Counted . . . This is YOUR SOCIETY.

Pharmaceutical Section

The Pharmacists of the Old North State Medical Society are to be congratulated on the fine program that has been arranged for their section. First, there will be the Secretary of the Board of Pharmacy of the State of North Carolina, Mr. McAlister, appearing and discussing a topic that is of prime importance to the druggists; then there is the very dynamic Dr. Chauncey Cooper of Howard University appearing in both the joint meetings of the meds and the druggists. To cap it all there is the arrangement whereby Dr. Cooper will be the recipient of a large audience because of the timing of his speech, something that has not happened in previous years. Too much cannot be said in praise of the Program Committee for securing these outstanding men. We hope that the attendance by both groups will justify a continuation of this policy in the future years. Come on, Pharmacists, we are looking forward to seeing you in Winston Salem.

Congratulations - - -

To Dr. E. L. Hoffler, Elizabeth City, for the many long years of service rendered to the people of that great Pasquotank city. Dr. Hoffler has been interested in many pursuits that have reflected on the lives of the people of his community and to him we doff our hats. More about this colorful gentleman in our next issue.

To the Woman's Auxiliary of the Charlotte Medical Society for their special work and efforts on Doctors' Day in Charlotte. This group entertained their husbands at a special dinner during the celebration of Doctors' Day which coincides with the anniversary of the discovery of ether anesthesia. The husbands were buttonaired with red carnations and were royally entertained.

To the Commitee on Integration headed by Dr. Murray B. Davis for the continued fight in our State for equal recognition and admission into the Medical Society of the State of North Carolina. Certainly the Guilford proposal which all of us read about was the outgrowth of the groundwork laid by this committee.

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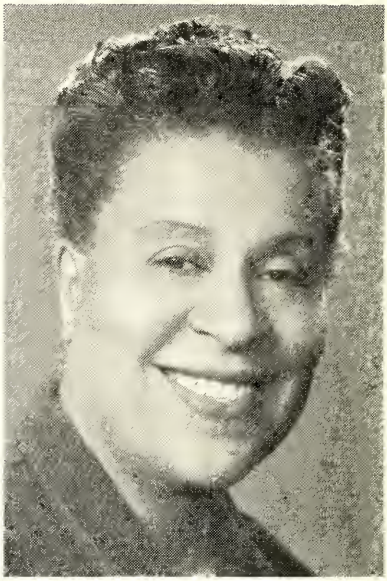
PRESIDENT
Mrs. Gwendolyn P. Davis



PRESIDENT-ELECT
Mrs. Edna Eldridge Bryant

CONVENTION GREETINGS

Mrs. Gwendolyn P. Davis, President

As the sun slowly sinks on our auxiliary year 1953-54, we find that it is now time to sum up another year's growth and development of our local auxiliaries. A year that has brought to all its share of duties, opportunities and responsibilities. The spirit in which we have accepted these responsibilities has vitally affected the results. Results which we hope have brought to everyone a feeling of a job well done.

An organization can only grow by increasing membership. If we keep acquiring members, we keep growing, but if our membership declines this is a good indication that we have reached the peak of our development and that we are on the way out. Every effort must be made to increase membership as a sign of growth and life itself.

I do not wish to allow a nostalgic note to enter into these greetings to you, but there seems to be so little time left as each day offers something important, interesting and challenging. It almost becomes frightening when we think how very important every day is because there is no time to go back and do over; hence the importance of careful thinking, planning and doing the right things day by day for a better world tomorrow.

The State Convention will be held June 1-2 in Winston-Salem and at this time it seems that everything is waiting for us. Our convention committee is doing everything possible to make us comfortable and our speakers and entertainers are in readiness.

In checking up, I should like to use the words of James J. Metcalfe with some variations, thus:

> Three-fourths of this auxiliary year is gone . . . Are we on time or late . . . In keeping up the promises . . . We started on that date? . . . We made our promises good . . . To last throughout the year . . . And surely our intentions were . . . Courageous and sincere . . . But what have we accomplished in . . . These two hundred and seventy days . . . To prove our noble nature and . . . Improve our common ways? . . . Each promise sets a goal . . . Whatever be its size . . . And when a promise has been made . . . There is no compromise . . . So let our inventory reach . . . To every spoon and cup . . . And if we are behind today . . . Let's try hard to make it up.

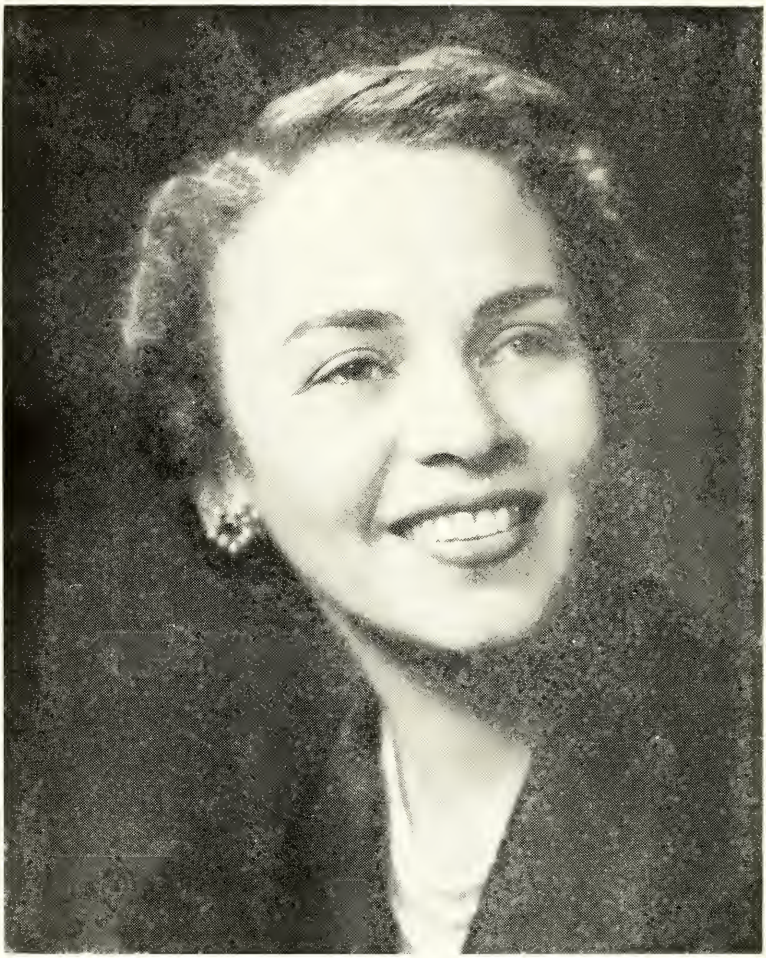
May I thank EACH of YOU for your splendid cooperation, interest and support of this administration and may I anticipate meeting and greeting you at WINSTON-SALEM in the month of JUNE.

Mrs. Edna Eldridge Bryant

Mrs. Edna Eldridge Bryant, the President-Elect of the Woman's Auxiliary to the Old North State Medical Society, was born in what she calls "the hills of Tennessee." She received her early education in the public schools of Knoxville, Tenn. Her high school training was done in the Peabody High School of Petersburg, Va., and the Virginia Normal and Industrial Institute of the same city. Her college work was done at Knoxville College where she received her bachelor's degree in the arts. She has done work beyond the college level at Hampton Institute and Teachers College of Columbia University. Being interested in music she has studied voice at Knoxville College and under a private teacher in Hartford, Conn.

This winsome member of the Auxiliary has taught in the public school systems of North Carolina, Virginia and Kentucky and she reminds us that she likes to belong to worthwhile organizations but she emphatically states that she DOES NOT LIKE TO HOLD OFFICE. The only office that she has ever desired was the Presidency of the Parent-Teacher Association in her particular community and the reason for that was to seek better school facilities for her people. She is the First Vice President of the North Carolina Congress of Colored Parents and Teachers and for six years she served as treasurer of the Woman's Auxiliary to the Old North State Medical Society. She is a devout church worker, director of the choirs of several churches in her community, a member of the local chapter of the N.A.A.C.P.; and a member of the Sigma Gamma Rho Sorority. Mrs. Bryant states that she would like to see every eligible woman a member of a local auxiliary and through that a member of the State organization. She would also like to see the "Five-Point Program" of her organization continued and strengthened. She feels that with regional or district organizations, local organizations might be made stronger.

Auxiliary Luncheon Speaker



MARGARET JUST BUTCHER, Ph.D.

Woman's Auxiliary Program

One of the Nation's Outstanding Scholars Scheduled to Appear Before Medical Society Auxiliary

The Woman's Auxiliary to the Old North State Medical Society is fortunate in having secured one of the most outstanding women in America as its principal speaker at the annual meeting in Winston Salem. Dr. Margaret Just Butcher, Associate Professor of English at Howard University, needs little or nothing to be written about her in as much as her accomplishments have been so broad and far reaching. She is a member of Pi Lambda Theta Sorority. She is listed in the Dictionary of American Scholars, was Fulbright Lecturer in France from 1949-50, visiting Professor, Atlanta University during the summer of 1951 and was lecturer at the Fisk University Race Relations Institute in 1951.

Dr. Butcher holds membership in the American Studies Association, American Association of University Women, American Association of University Professors, National Council of Negro Women, and the Alpha Kappa Alpha Sorority. She serves as a member of the District of Columbia Board of Education, the Board of Directors of Radio Station WCFM, Washington, D. C., Planning Committee of the National Committee for United Nations Day.

Space prevents us from enumerating all of the accomplishments of Dr. Butcher, but need we say more than that we welcome her into our midst and we share the pride of the Auxiliary in having this noted scholar and leader pay us a visit.

TUESDAY, JUNE 1, 1954

6:30 P. M.—Registration ..... Fries Auditorium, Teachers College

8:30 P. M.—Talent-Charm Hour.... Fries Lower Auditorium, T. College

WEDNESDAY, JUNE 2, 1954

9:30 A. M.—Meeting of Executive Board ..... Y.W.C.A.

10:30 A. M.—Business Session ..... Y.W.C.A.

Mrs. F. E. Davis, Vice-President, Presiding

Meditation ..... National Song and Prayer

Welcome Remarks ..... Mrs. D. R. Wilson
President, Twin City Medical Auxiliary

Response to Welcome ..... Mrs. H. H. Creft, Sr., Past President

Music ..... Nurses Choral Group
Mrs. P. M. Brandon, Directress

Minutes of last meeting ..... Mrs. M. D. Quigless, Secretary

Greetings and Report ..... Mrs. M. B. Davis, President

Reports of Auxiliaries

Appointment of Committees

Adjournment

1:00 P. M.—Luncheon ..... Y.W.C.A.

Guest Speaker ..... Dr. Margaret Just Butcher
Professor English, Howard University
Member School Board, Washington, D. C.

THURSDAY, JUNE 3, 1954

9:30 A. M.—Meetings of Committees ..... Fries Lower Auditorium
Teachers College

10:30 A. M.—Business Session ..... Fries Lower Auditorium, T. College
Mrs. M. B. Davis, President, Presiding

Meditation ..... National Song and Prayer

Vocal Solo—"Charity" ..... Mrs. W. M. Bryant, President-Elect

Greetings ..... Dr. W. A. Cleland
President, Old North State Medical Society

Remarks ..... Mr. Charles H. Bynum
Director of Interracial Activities
National Foundation for Infantile Paralysis

Minutes of Previous Meeting ..... Mrs. M. B. Quigless, Secretary

Reports of Five-Point Chairmen:

Health ..... Mrs. C. W. Thompson
Education ..... Mrs. E. A. Eaton
Legislation ..... Attorney E. M. Alexander
Human Relations ..... Mrs. Robert LeSueur
Community Needs ..... Mrs. R. H. Greene

Reports of Committees:

Nomination ..... Mrs. H. H. Creft, Sr.
Budget ..... Mrs. R. S. Hairston
Auditing ..... Mrs. J. S. Simmons
Credentials ..... Mrs. E. E. Blackman
Projects ..... Mrs. J. M. Walker
Constitution ..... Mrs. F. E. Davis
Courtesy ..... Mrs. J. C. Jordan
Merit Award ..... Mrs. W. C. Shanks
Memorial ..... Mrs. H. D. Malloy

Installation of Officers ..... Mrs. J. E. Alexander, Honorary Pres.

Presentation of Gavel ..... President and President-Elect

Remarks ..... Mrs. W. M. Bryant, President-Elect

Official Closing ..... National Pledge

Recognition of Pre-Eclampsia and Pre-Hospital Therapy of Pre-Eclampsia

By Permission, J. R. KIGHT, M. D.

Pre-eclampsia, one of the toxemias, is a complication of pregnancy. Criteria for establishing a diagnosis of toxemia is based on the development of hypertension, edema, or albuminuria. Certain signs may be detected by careful and frequent observation of the patient that suggest an impending toxemia, and upon the early institution of therapy a toxemia may be prevented. But once a diagnosis of toxemia is established, an obstetrical complication does exist, and hospitalization is indicated. There is no satisfactory pre-hospital therapy for pre-eclampsia.

In April of this year, the American Committee of Maternal Welfare adopted a report by a sub-committee on the definition and classification of toxemias of pregnancy.

Pre-clampsia is classified as an acute toxemia (one of the various types). To observe for one is to observe for all. Toxemias are defined as a disorder encountered during gestation, or early in the puerperium, that is characterized by one or more of the following signs: Hypertension, edema, albuminuria, and, in severe cases, convulsions and coma.

Hypertension. It is interesting to note that the Committee also describes as a criteria an elevation of systolic pressure of 33 mm. of mercury or more, and/or an elevation in diastolic pressure of 15 mm. of mercury or more. Is not this factor, the amount of blood pressure rise during a pre-natal course, a more significant means of observing abnormalities than accepting the usual level of 140/90?

Edema. A weight gain of 5 lb. in 1 week, together with evidence of face and/or hand edema, justifies the diagnosis of toxemia even in the absence of hypertension and albuminuria.

Albuminuria. The diagnosis of toxemia on the basis of albuminuria alone (without hypertension or edema) is to be made only when a clean or catherized urine specimen shows an unequivocal cloud (1 plus) with a glacial acetic acid test, or ½ Gm. per 24 hours with Esbach procedure on two or more successive days—or by any generally approved test.

Pre-Hospital Therapy of Pre-Eclampsia. Of the 1,000 maternal deaths referred to in the report, 264 showed toxemia as the primary cause. Of these 264, 110 deaths were attributed to improper management of the case on the part of the physician. A report from the Chairman reads:

> "The errors in management were almost 100% the failure to hospitalize the patient. Once the patient had been admitted to the hospital, the physician as a rule handled it well with sedation, concentrated glucose, magnesium sulfate and supportive measures. However, most of this group represents patients who were carried as outpatients with rather severe toxemia."

The above comment is a clear picture of the results obtained in a situation that exists in our hospitals not uncommonly. Too often the pa-

tient with toxemia is not hospitalized until labor begins or the condition is critical. Occasionally, because of environmental, financial, and other factors, it becomes necessary to attempt treatment in the home, but this is usually met with failure and the patient is subsequently hospitalized under more adverse circumstances. Therefore, because of the tremendous mortality described above, due to the failure of the physician to hospitalize the patient, and because of the incidence of failure in home treatment, it may be concluded that once a definite diagnosis of toxemia or pre-eclampsia is established, hospitalization is not only of value but is a necessity.

Certain signs develop during the pre-natal period that suggest an impending toxemia. In the presence of a rising blood pressure, or excessive weight gain, or the development of clinical edema, limitation of activity is necessary. This may necessitate obtaining aid in performing household duties and refraining from participation in laborious employment and social functions.

Administration of a sedative may assist in securing an increased amount of rest. Excessive weight gain, or development of clinical edema may be controlled by a more rigid diet, restriction of sodium intake, limitation of fluids or administration of one of the diuretics, such as ammonium chloride. Above all, rest is the most important.

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Activities of the Local Societies

Staff meetings at the St. Agnes Hospital have been reported as being unusually well attended by all members and on one or two occasions case reports have been presented by members of the Scruggs Society. Dr. C. L. Hunt, who has been in the U. S. Armed Services, is expected to reopen his office in July.

The March meeting of the society featured Dr. W. J. Fronhose of the Park View Hospital staff who discussed Urological Lesions and went into detail of the treatment of these conditions. The April meeting was highlighted by the presence of Dr. John Chambliss who discussed the topic "Military Medicine in Korea." The May meeting had as special guest Dr. A. H. London, Pediatrician of the Memorial Hospital, Chapel Hill, N. C. It is expected that this organization will be represented 100 per cent at the Winston Salem meeting.

This group is to be commended for taking a very active role in getting the Guilford Resolution presented to the State Medical Society at its annual meeting at Pinehurst in May. At the time that this Journal goes to press we are unable to say just what the outcome has been but we hope that it did receive a favorable action from the House of Delegates of this organization.

[illegible], M.D., Reporter

J. N. Mills, M.D., Chairman of Program Committee

The activities of this society have been limited to the regular monthly meetings and staff meetings at the Lincoln Hospital. Dr. C. D. Watts and Dr. Leroy Swift were guest clinicians of the Palmetto State Society meeting in April at Spartanburg, S. C. This organization is also

every member of the family . . . Life, Endowment, Child's Educational, Mortgage Redemption, Retirement and many others.

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News reports from the Queen City indicate that Drs. R. H. Greene and M. E. Dubisette attended the Pediatrics and Obstetrics clinics at the Bowman Gray Medical School, Winston Salem, and that Dr. E. L. Rann attended a clinic in Cardiology at the George Washington School of Medicine in Washington.

The Woman's Auxiliary of Charlotte Medical Society entertained their husbands with a dinner at the Hotel Alexander on Doctors' Day. Special guests were Dr. and Mrs. M. B. Davis of High Point. Mrs. Davis, who is President of the State Auxiliary, spoke briefly at the dinner.

At the March meeting of the Charlotte Medical Society there was a symposium on problems in Pediatrics. The discussion was led by Dr. T. English Walker, a recent Resident at Duke University Hospital.

The local organization is planning big things for the Nurses' Sorority meeting which is scheduled for Charlotte in October.

On May 15 the Charlotte Medical Society entertained Dr. Connelly of Howard University on the occasion of his visit to make a study of the hospital needs of Negroes in that city. Dr. Connelly's visit was brought about by the request of the Mayor's Commission on Negro Hospital Needs.

EXHIBITORS FOR THE 1954 ANNUAL CONVENTION of the OLD NORTH STATE MEDICAL SOCIETY

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Meetings of this organization have been intensely interested in the final completion of plans for the State meeting in June. The Executive Committee of the Old North State Medical Society met with this group in March to go over program details and lay final plans for the annual meeting scheduled for June in the Twin City. This organization is going all out to make this meeting one of the best if not the best that the State organization has ever had and nothing is being omitted in its plans to have the attendance from both the medical and pharmaceutical sections the best ever.

PRESIDENT OF HOST SOCIETY

(Continued From Page Three)

Executive and Tissue Committees, President-Elect and Chief-of-Staff for 1955, Director of Student Health, and Instructor in Surgery in the Nursing School.

One might wonder where this eminent gentleman finds the time to do anything but practice medicine but when the records of civic events are studied in his city one finds that he is President of the Twin City Medical, Dental, and Pharmaceutical Society, he was the recipient of the Psi Phi Chapter of the Omega Psi Phi Fraternity Achievement Award in 1951, Past President of the Homer G. Phillips Internes and Alumni Association, a member of the John H. Hale Surgical Society of the Carolinas and a member of the National Medical Association. He is chairman of the Negro Section of Forsyth County Civil Defense, listed in Who's Who in Colored America and Who's Who in The South and Southwest and a member of the Alpha Phi Alpha Fraternity.

Re-Payment of Medical Society Dues

A very distressing note has reached this office from our Secretary-Treasurer in which he points out that a large number of our members are delinquent in their 1953 and 1954 dues. Won't you please take the time to just make out your check now, while it is on your mind, and sign it. A three-cent stamp will do the rest and it will make our Treasurer feel 100% better. PLEASE, WON'T YOU DO THIS AS SOON AS YOU HAVE READ YOUR JOURNAL. TO OPERATE, GENTLEMEN, YOU MUST COOPERATE AND COOPERATION MEANS PAYING YOUR DUES.

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VOLUME IV OCTOBER, 1954 NUMBER III

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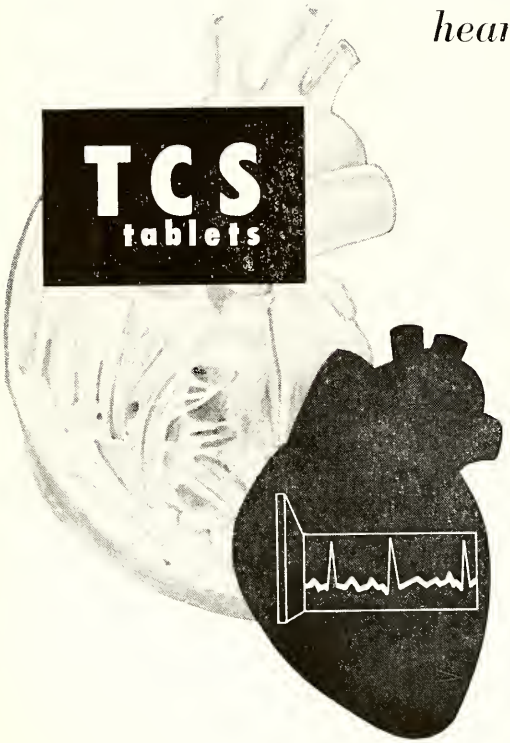

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FOREWORD

Another year has passed in the history of the Old North State Medical Society. A year that was marked with many outstanding happenings and a year that saw the introduction of a different type of publication by our society. We sincerely hope that you enjoyed our previous efforts and again we send out an SOS for original papers by our members. We cannot emphasize too strongly the need for material of this nature and we eagerly look forward to opening our mail and finding the answer to our request from many of our members. Again we say that we wish to print items of interest about our colleagues but the only way that we can do it is to get them from YOU. DON'T LET US HAVE TO WRITE FOR THEM . . . JUST SIT DOWN AND DROP THEM IN THE MAIL. The Christmas Issue material must be in by November 15.

The Journal of the Old North State Medical Society

EDITORIAL STAFF

Published in Rocky Mount, N. C., four times yearly—October, December, March, June

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E. L. Rann, M. D., Charlotte ..... *Associate Editor*
R. E. Dawson, M. D., Durham ..... *Associate Editor*
Charles Watts, M. D., Durham ..... *Associate Editor*
William Hoffler, M. D., Elizabeth City ..... *Associate Editor*
W. E. Armstrong, Ph.C., Rocky Mount ..... *Pharmaceutical Section*
Mrs. Gwen P. Davis, High Point ..... *Woman's Auxiliary*

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11:00 A. M.—Low Back Syndrome

12:00 to 1:30 P. M.—Lunch

1:30 P. M.—Acute Abdomen

2:30 P. M.—Modern Treatment of the Anemias

2:30 P. M.—Significance of Hematuria

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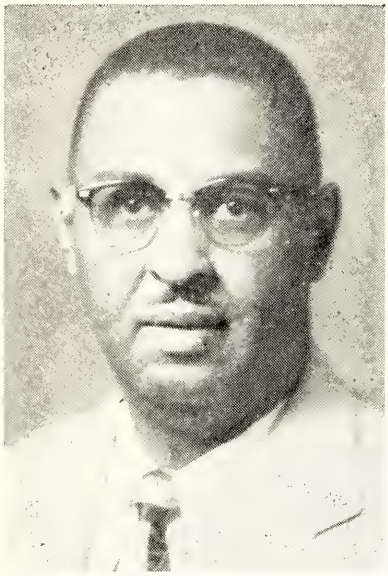
President Old North State Medical Society

Dr. J. S. Simmons, the new President of the Old North State Medical Society, was born in Milledgeville, Ga. He received his early education in his home town and went to high school at Tuskeegee Institute, Alabama. He completed his college education at Morehouse College in Atlanta, Ga., receiving the B. S. degree in 1929. His medical training was done at Meharry Medical College and his interneship at Kansas City General Hospital No. 2, Kansas City, Mo.

THE PRESIDENT'S MESSAGE

This message is the first official one that I have made to the members of the Old North State Medical Society during this, my first year as president of our old and honored organization. Nothing revolutionary nor startling will be said here, but if we can point up the need for clear thinking and full cooperation our major aim will have been accomplished.



During these momentous days of sociological change, at home and thruout the world, one is in a quandry as to what is wisest to say and most important still "what is best to do." The changes shaping up will have a profound effect not only upon ourselves as men of medicine, but also our social intercourse as individuals will be definitely altered. It, therefore, will be one of the major objectives of this administration to help shape and mold these "Changing Tides" in such a manner as to benefit ourselves, our race and our posterity.

We realize that in our various communities, because of our training and the nature of our work, we wield tremendous influence and we must use that influence wisely and well. In pursuing this course of action every member of this society should take an active part in molding sentiment in his community so as to make for better professional and racial relations. We can best do this by first doing our jobs efficiently and second by so integrating our personalities into our community that will make for clearer and more sober thinking on the part of our people.

It shall be our continued policy to foster and support more advanced study by the members of this society. But for those of us who cannot take leave for study we are derelict in our duty if we fail to take full advantage of whatever local opportunities we might have. Every man should apply to his local hospital for staff membership and if he is qualified he should keep prodding until such recognition is granted. The fruits of life come mainly to those who persist and press forward.

Another objective of this administration will be to continue a close personal contact with the various local societies in our State. From

time to time we will appreciate an opportunity to visit with the various groups to discuss local and national problems concerning us as physicians, as well as to sit in on the scientific discussions. We are now open for invitation from any local society.

As much as we feel the need of full integration in all walks of American life, and most especially as it affects the medical profession—yet it is our considered opinion that there will be, for a long time a definite place in our State for the "Old North State Medical Society." We, therefore urge every Negro physician in North Carolina to support this organization and make of it the instrumentality for service and medical expression that it so rightly deserves.

In carrying out these objectives and in disposing of other decisions that may confront this administration we implore the help of Almighty God to give us a clear mind, sustained by health and strength so that we may serve you effectively and well throughout this term of office.

Named Doctor-Of-The-Year

Dr. James A. Tinsley, Weldon, N. C., one of the oldest and most outstanding of the practicing physicians in the State of North Carolina, was selected as the recipient of the Doctor-Of-The-Year Award by the Old North State Medical Society at its annual meeting in June at Winston Salem. For forty-five years Dr. Tinsley has served his fellowman in one community, Halifax County, where he still maintains his practice. To say the least, Dr. Tinsley represents a man devoted to his profession. He served as a member of the Trustee Board of the National Medical Association from 1930 to 1936. He is a past President of the Old North State Medical Society, President of the Rocky Mount Academy of Medicine, and is a member of the Eastern North Carolina Medical Society. He is intensely interested in keeping up with the progress of medicine. He was cited by the Medical College of Virginia with a certificate for twenty-two years of attendance at its clinics and was awarded a citation and plaque by the Rocky Mount Academy of Medicine for having served his community for forty years in both the field of medicine and civic activity. In 1930 he was named as a member of the Advisory Board of Public Welfare and he also served as a member of the Advisory Board of the Committee on Elementary Education for the State of North Carolina from 1936 to 1939. Dr. Tinsley is a member of the First Baptist Church of Weldon, member of the Board of Directors of the Bankers Fire Insurance Company of Durham and is a Past President of the National Association of Insurance Examiners. His ideal is to see every medical and pharmaceutical man in the State of North Carolina an active and participating member of the Old North State Medical Society.

To Dr. Tinsley we say, you are not without honor among your colleagues. Again to the Committee making the selection we say, well done. Keep up the good work.

The President-Elect

DR. RUDOLPH M. WYCHE, CHARLOTTE

Dr. Rudolph M. Wyche, a native of Charlotte and the new President-Elect of the Old North State Medical Society, was educated in the public schools of that city. He received his collegiate training at Biddle University which is now Johnson C. Smith University of Charlotte and took his medical training at the Howard University School of Medicine. Before entering the practice of medicine he did an internship at the Lincoln Hospital in Durham, N. C.

The new President-Elect is an active man in the medical profession as well as in the civic life of his community. He is a member of the St. Michaels and All Angels P. E. Church, a member of the Omega Psi Phi Fraternity, and is a veteran of World War I. He holds original membership in the John H. Hale Surgical Society of the two Carolinas and is a member of the National Medical Association. At the present time he is staff physician to Johnson S. Smith University, member of the staff of the Good Samaritan Hospital and Assistant Chief of the surgical service of this hospital. Dr. Wyche has been a staunch supporter of the policies of the Old North State Medical Society and has seldom missed its annual meetings. He brings to the organization a wealth of experience, dignity, and foresight. He has been ever mindful of the problems of the medical profession and states that he proposes to follow through the efforts to bring into a correct focus the place of the Negro medical men of this State. He believes that even though integration must and will eventually come there will always be a place for the Old North State Medical Society.

The new President-Elect states that it is his wholehearted desire to see every physician and pharmacist in North Carolina a member of the State organization and that in this realization he expects to make a concerted effort to bring as many of the men into the fold as one could possibly do.

Psychotherapy in Everyday Practice

CARL BINGER, M.D.

Associate Professor of Clinical Psychiatry,
Cornell University Medical College, New York City

How can the doctor become a good psychotherapist rather than a meddler, a bungler and a mischief maker?

Before discussing those qualities or characteristics which can help the doctor become a competent psychotherapist, I should like to establish the fact that this is a necessary, vital and essential part of his function.

Why do people consult doctors?

I suppose, first of all, because they suffer or are uncomfortable or are worried or frightened. ..These are all subjective states, no matter what caused them. ..If the physician is to fulfill his role he will try to allay suffering, relieve discomfort and banish worry and fear, because all of these conditions interfere with recovery and are antithetical to good health. He will have to deal somehow with his patients' feelings. Perhaps experience has taught him that the best maneuver is to disregard these subjective reactions, but this too is a form of psychotherapy, if a negative one.

One might say that the first essential to being a good psychotherapist is to have some sound understanding of psychopathology. To physicians and surgeons this statement must make sense because their best therapy is always based on a knowledge of pathology and etiology. But here we are up against our first stumbling block. Very few doctors, except those who have specialized in psychiatry, have any familiarity or at-homeness in the field of psychopathology. If they are over 40 it is safe to say that their education in psychiatry has been woefully insufficient; perhaps a few demonstrations of deteriorated catatonics or manic-depressive patients in an overcrowded state hospital. If they are under 40 they may have picked up a little more psychiatric information. They may know that the schizophrenias represent a kind of reaction, rather than a disease entity with a predictable course; that the affective psychoses often have an excellent prognosis, and that the depressions of late middle life have a pretty characteristic set of associated symptoms. They may even recognize when a patient presents a serious suicidal risk. But none of this information will help them much in understanding the everyday problems of the everyday patient.

I shall now try to discuss what I think you might do to increase your proficiency in the field of psychotherapy. First of all, you must do what Santayana used to say in his courses at Harvard: "Define the limits of your ignorance," that is, decide for yourself how much of a psychiatrist you think you can be. This will depend on your interest, your talent, your inclination, your time, your patience and your capacity to learn new things. You may as well decide at the outset that if you are already an internist or a surgeon or a specialist, and want to continue to lead in your field, then you cannot also be a psychiatrist. Whoever tried to combine two difficult specialties is likely to be master of neither. It is like trying to love two women at once. It sounds nice,

Continued on Page Twenty-seven

Clinicians Discuss Exhibitor's Products

Clinicians discuss the merits of an Exhibitor's products. Left to right: Dr. J. M. Walker, Jr.; Dr. Ernest H. Yount, Bowman Gray Medical School, and Dr. Matthew Walker of Meharry Medical College.

Incoming and Outgoing Officials

Seated: Dr. J. S. Simmons, President. Standing, left to right: Dr. F. E. Davis, Secretary-Treasurer; Dr. Rudolph Wyche, President-Elect; Dr. M. D. Quigless, Recording Secretary; Dr. W. H. Cleland, Retiring President.

Business Meeting Of The 67th Annual Session Of The Old North State Medical Society

The first business meeting was called to order by the president, Dr. Cleland, at 8:45 P. M. Prayer was led by Dr. H. D. Malloy.

The minutes of the last meeting were read by the corresponding secretary, Dr. Quigless.

The minutes of the interim meeting were read by the Secretary-Treasurer, Dr. F. E. Davis.

Dr. Middleton reported on the June 1 meeting of the Executive Board.

The highlight of the meeting came next with the address of the president, Dr. Cleland. Dr. Cleland called upon the members of the Old North State Medical Society to "exercise true greatness at this time at all levels of human endeavor." He brought out the fact that efforts are now being made to resolve differences in ideologies at the conference table rather than on battlefields, and added that the recent stand taken by certain medical men in North Carolina in regard to equality of physicians in our state revealed a sign of hope that our fight for full recognition would soon bear fruit. He reminded us of incidents that have occurred in the political world which brought home the fact that the days of the bigot were coming to an end. He stated that "Those of us who occupy an inferior position, not of our making, must also be great, because a people can not be justifiably judged by the inferior position that they occupy, but rather by the type of fight waged to improve their lot." He closed with these remarks, "Great men will not placidly accept discrimination and inequities! Now is the time for us to be great."

The Man-of-the-Year Committee reported, naming Dr. J. A. Tinsley of Weldon as recipient of that honor. Dr. E. E. Blackman read the Citation and presented the plaque to Dr. Tinsley.

The Committee on Exhibits report was read by Dr. Rann who reported twenty-three paid exhibitors. Dr. Rann urged the body to cooperate with the exhibitors so that their support might be continued.

The Committee on Integration with Dr. Murray B. Davis as chairman made its report through Dr. E. E. Blackman, as Dr. Davis was absent. The report revealed that the matter of membership had been taken up on the state level with Dr. Hill of the Executive Secretary of the State Medical Society. However, little progress had been made. The committee advised that better progress probably would be made on the local medical society level.

The Auditing Committee report was read by the Chairman, Dr. F. E. Davis, who reported the total amount of money on hand to date as $1,703.20.

The delegate to the National Pharmaceutical Association, Dr. Y. Garrett, made his report. He stated that over 50% of the members from North Carolina were present at the meeting. He commented at length on the scientific sessions, and expressed satisfaction with the information gained. He informed us that Dr. Rufus Hairston had been

chosen President-elect of the National Pharmaceutical Society, and that Dr. Wimberly had been named Chaplain.

The delegate to the National Medical Association, Dr. F. E. Davis, made his report. He reported a very stormy session. The meeting was largely attended, and that there were many exhibitors. North Carolina had seventeen more votes than any other state. He noted and reminded us of the important part that our state with its large delegation was able to play in shaping the policies of the national organization. Dr. Blackman, as chairman of the nominating committee, was responsible for placing the name of Dr. Toney before the National body as chairman of the Board of Trustees. Dr. Murray B. Davis was reelected secretary of the House of Delegates. He reported the names of the men elected as general officers of the National Mdical Association.

The committee on time and place made its report through the Chairman, Dr. Middleton. A plan by which the place of meeting would rotate between Raleigh, Durham, Charlotte, Greensboro and Winston Salem was presented with Raleigh receiving the first meeting. The time and place committee also recommended that a convention committee be appointed with terms of office of three years duration, that a program committee of 12 members be appointed by the State Society, and that three members be appointed by the local organization to act with the State Group. It was also recommended that the convention be opened on Sunday afternoon, and that the organization bear the entire expense of the meetings. This committee report resulted in a lot of discussions. No action was taken on the committee's report at this meeting. Dr. W. T. Armstrong discussed the matter of dues, and moved that the dues be raised to $20.00 per year. His motion was carried by a majority. Dr. Hampton suggested that a budget be set up. Dr. Rann moved that a budget committee be appointed to set up a budget for next year. The motion was passed by voice vote.

Dr. J. M. Walker, Jr., introduced Dr. Rousseau, President-elect of North Carolina State Medical Association. Dr. Rousseau made some remarks in which he assured the body that he and his group of officers intended to give the problem of integration their most profound attention. His remarks were well received by the body.

Dr. J. S. Simmons presented Mr. Charles McLain, field secretary of the NAACP, who brought greetings from his organization. He complimented the Medical profession for the part that it has played in the Fight for Freedom, and asked for continued support for the NAACP. He discussed the various plans by which we might be able to donate moneys to the NAACP, and urged us to take out life memberships in the NAACP.

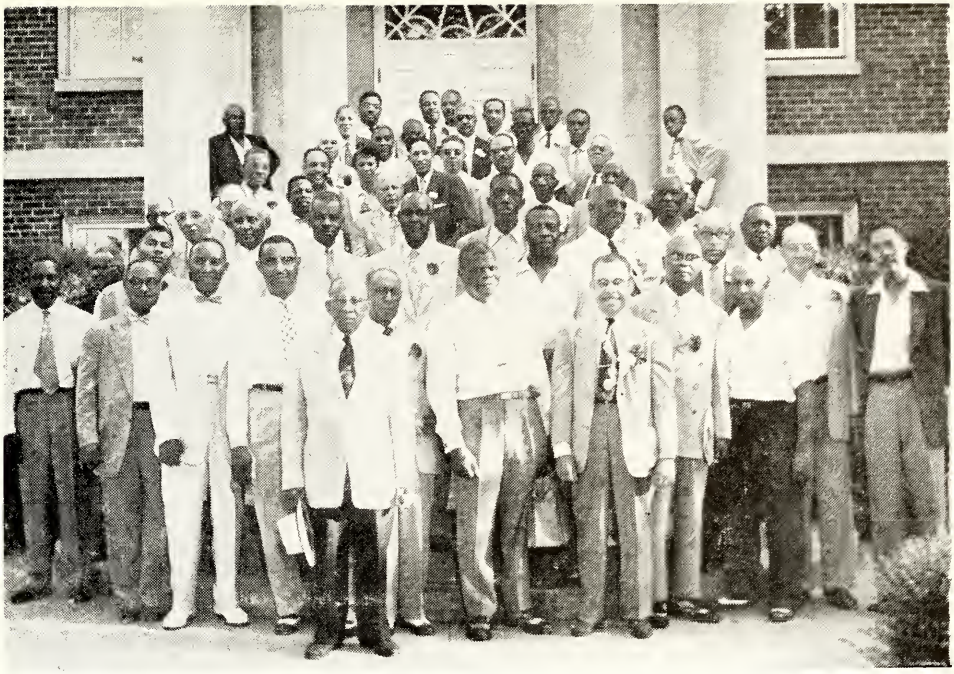
The president appointed the following men to the nomination committee: Dr. Hogans, Dr. J. M. Walker, Dr. Y. D. Garrett.

The meeting was adjourned.

Another article covering the final business meeting will follow this report.

M. D. Quigless, M.D.

Recording Secretary



A portion of the members of the Old North State Medical Society as seen in Winston Salem in June.

Highlights of Winston Salem Meeting

Saw Dr. J. A. Tinsley, one of the stalwart veterans of the society, selected as the Doctor-of-the-Year and awarded the plaque in recognition of his work for his fellowman.

Heard the Committee's report on the plan of rotation of the meeting which calls for the society to meet in Raleigh, Durham, Greensboro, Winston Salem and Charlotte once every five years with the expenses of meeting being underwritten by the society. This committee was headed by Dr. Catherine Middleton.

Passed the motion of Dr. W. T. Armstrong, Editor of the Journal, calling for the raise in fees from $10.00 to $20.00 per year. This motion was passed by a voice vote.

Heard Dr. William Hampton of Greensboro call for a more business-like method in running the affairs of the Society and went on record as favoring his suggestion that in the future all expenditures be in accordance with the budget committee's recommendations.

Saw approximately one hundred odd members registered for the business and clinical sessions. This number far exceeded any previous registration in many, many years.

Saw for the first time a joint session of the pharmacists and medical men when the indomitable Dr. Chauncey Cooper of the Howard University School of Pharmacy gave a real down-to-earth discussion on the relations of the physician and pharmacists. This should be a "must" on all future programs of the society.

Heard several of the "Old Timers" castigate the so-called "younger men" for seeking to usurp power in the National Medical Association at the expense of the Old North State Medical Society. More about this elsewhere in this issue.

Heard Dr. Matthew Walker, President-Elect of the National Medical Association, in a scholarly address tell his listeners that there would be a place for Negro Medical Societies for a long time to come and certainly until full integration had become a reality.

Heard praises heaped upon the head of Dr. Joe Walker, President of the Twin City Medical Society, and his able cohorts for the real comeback that had been staged by this unit and the wonderfully planned meeting which had just been completed.

Warned the Women's Auxiliary to cease waiting until the last minute to make requests for supplemental funds for their budget and advised them that hereafter such requests must be made in writing and presented to the budget committee for recommendations.

Hard Dr. Catherine Middleton advise the group that the Scruggs Medical Society of Raleigh would play hosts to the State Society at the beginning of the new rotation which takes place in June, 1955.

Saw Dr. Jim Simmons of Sanford inducted into office as the new President, Dr. Rudolph Wyche of Charlotte elected as President-Elect, Dr. Nelson Perry of Raleigh elected as Vice President, Dr. F. E. Davis of Greensboro reelected as Secretary-Treasurer, Drs. J. E. Jones, Elizabeth City, J. D. Quick, Jr., Winston Salem, elected to the Executive Board for terms of three years.

Saw Dr. E. L. Rann of Charlotte reappointed as Director of Exhibits and gave him a rising vote of thanks for the outstanding job he had done for the 1954 meeting.

Heard outstanding clinicians in the fields of pediatrics, surgery, internal medicine and ob-gyn give excellent papers in their respective fields of practice.

Saw the registration of twelve pharmacists located throughout the State go into private sessions to listen to the chairman and the secretary of the State Board of Pharmacy give excellent papers on problems facing that branch of medicine. (Note): Only thirty-six pharmacists are registered in the State of North Carolina.

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EDITOR'S PAGE

THE WALLS OF SEGREGATION ARE CRUMBLING

Under a recent Associated Press dateline emanating from Charlotte we note with pleasure the announcement that Dr. Emery L. Rann, President of the Charlotte Medical Society and a former Vice President of the Old North State Medical Society, has been elected to full membership in the Mecklenburg County Medical Society (White). This Society had previously supported and voted to support the Guilford Resolution to break down the color line in the Medical Society of the State of North Carolina. We are aware of the action of this society at its last meeting in Pinehurst and even though the resolution was rejected and a committee sent out to study the problem this society has seen fit to take the forward step without the blessing of the parent organization. To them we offer a hearty salute for such fortitude because it has taken the lead to actually do something about this rank injustice now existing because of an outmoded constitution.

Our hats are off to the Mecklenburg County Society and we think that their first choice was superb. Dr. Rann is an active young physician and energetic in every sense of the word. He has contributed no little to the professional life of his community. He is Chief of Staff of the Good Samaritan Hospital of his city, President of the Charlotte Chamber of Commerce, member of the Mayor's Committee on Crime, and President of the General Alumni Association of his Alma Mater, Johnson C. Smith University.

Dr. Rann's election to membership in this society will undoubtedly set a precedent for other societies to follow. Other members of his local group will surely be invited to affiliate with this group as time goes by. The one thing that we are sure of is that the walls of segregation are crumbling and such stalwarts as Emery Rann can do a tremendous job in bringing about total integration in North Carolina.

ON INSTRUCTING DELEGATES

Probably no issue created more of a stir at our last meeting than the proposal to name and instruct our delegate or delegates to the annual meeting of the National Medical Association. This method had been followed starting with the meeting in Durham and followed closely the working of most all organizations of this nature. The bitterness seems to have stemmed from a clash of personalities in handling the bloc of votes from the Old North State Medical Society.

It should be remembered by all of the members that instructions to a delegate to a convention of this nature are instructions from the body politic and they are to be carried out whether they rub against the chairman in charge of the delegation or against the wishes of some of the delegation. To charge an instructed delegate with using his bloc of votes to further his own cause is downright unfair and it would be equally unfair for the delegate to usurp such power in his desire for prestige. Neither of these situations has existed so far and the attack on the delegates at our last meeting was far from being ethical and in good taste.

It is a sad commentary on our membership when we have such recriminations thrown from one side of the house to the other as we had in June. This corner sincerely hopes that the Old North State Medical

Continued on Page Thirty-two

Congratulations - - -

Dr. Emory Rann, Charlotte, for his election to membership in the Mecklenburg County Medical Society at its September meeting. This marks the first time that a Negro physician has been elected to complete membership in a unit of the North Carolina Medical Society.

Dr. Clyde Donnell, Durham, N. C., for his election as a vice president of the National Negro Insurance Association.

Dr. George Evans, Greensboro, for his selection as a member of the Red Cross Blood Advisory Group of Greensboro.

Dr. Walter Hughes, Greensboro, for his election as a vice president of the National Medical Association at its last annual meeting in Washington, D. C.

Dr. E. F. Hoffler, Elizabeth City, for his work as President of the Better Health and Civic Association of Pasquotank County which was successful in bringing the first State Health Unit to his community.

Mrs. W. Perry Carter, incoming President of Woman's Auxiliary to the Old North State Medical Society, for the various and successful civic activities which she has headed in her community.

Dr. Y. D. Garrett, Durham, for his election as President-Elect of the National Pharmaceutical Association at its most recent meeting in Philadelphia, Pa.

Dr. L. H. Wynn, Rich Square, for his election to the Staff of the Roanoke-Chowan Hospital located in his community.

Dr. J. A. Tinsley, Weldon, on his selection by the Old North State Medical Society as the recipient of the Doctor-of-Year Award at its annual meeting in Winston Salem.

Dr. Joseph Walker and his associates of Winston Salem, for the grand manner in which they handled the June meeting of the Old North State Medical Society. Too much cannot be said in commendation for this fine piece of organization as was done by the members of the Twin City Medical Society.

Mrs. Gwendolyn Davis, outgoing President of the Woman's Auxiliary, for the fine program she presented to their members at the last annual meeting.

The Charlotte unit of the Woman's Auxiliary to the Old North State Medical Society for having been named as the recipient of the Merit Award from the State organization for the all-round work that they accomplished last year.

Dr. E. P. Noel on reopening of his office in Albemarle. We welcome him back to The Old North State.

LESIONS OF LUPUS ERYTHEMATOSUS may be benefited by local application of Panthoderm, a water-miscible cream containing 2% pantothenyl alcohol. Among 26 patients, Ashton L. Welsh, M.D., and Mitchell Ede, M.D., of Cincinnati found that topical medication enhanced the effect of massive oral doses of pantothentic acid and vitamin E in causing subsidence of erythema, lessening of infiltration and follicular plugging, and diminishing hypertrophy of the skin. Ulcerative oral lesions were especially debefited.

Arch. Dermat. & Syph. 69:732-734, 1954

Dr. Catherine Middleton, Chairman of the Committee on Rotation, briefs Doctors Armstrong and Hogans on her final report.

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Clamping of the Umbilical Cord

ANTHONY E. COLOZZI, M.D.

Assistant Visiting Obstetrician and Gynecologist, Cambridge City Hospital, Arlington, Mass.

(Condensed from *The New England Journal of Medicine*, April 15, 1954

It is difficult to assay the various methods of umbilical-cord clamping. Every physician employs a different technic and usually establishes a pattern that he carries out routinely in his obstetric work. At times this pattern is influenced by the equipment, the nursing situation, hospital policy in care of the newborn, and various emergencies arising in the mother or the infant.

The primary purpose of this paper is to illustrate that varying technics of cord clamping can influence an infant's blood picture. A study of 4 techniques of cord clamping and their effect on the blood of 100 normally delivered infants is presented. These were the most common methods used by a majority of operators.

Group 1. The infant was placed on the mother's abdomen (above the level of the placenta), and the cord was clamped after the arteries had stopped pulsating and the vein no longer filled.

Group 2. The cord was clamped immediately after delivery.

Group 3. The infant was placed on a table (below the level of the placenta), and the cord was slowly and methodically stripped from the vulva to the umbilicus. When the cord was no longer distended with blood, it was clamped. Four to 8 strippings were usually necessary.

Group 4. The infant was placed on a table (below the level of the placenta), and the cord was clamped when all pulsations and distension had ceased.

Infants from Rh-mothers, regardless of titers, were not included, principally to keep the series as homogeneous as possible and to avoid the introduction of antibodies, whether or not previously detected in the maternal circulation. Premature infants and those born after hemorrhagic episodes before and during birth, as well as those delivered by cesarean section, were also excluded. Infants showing any abnormality or infection were dropped from the study. Cases of midforceps, rotation, and breech delivery or in which any traumatic factors were involved were omitted. Only those delivered without incident were included.

Analgesia consisted mainly of Nembutal and Demerol or Nisentil given in moderate doses. Saddle block, nitrous oxide, oxygen and ether and pudendal block were the 3 methods used for anesthesia.

Blood was obtained from the infants by heel puncture approximately 24 hours and again 72 hours after birth. To reduce human error to a minimum, I drew all the blood samples, and the determinations were all done by the chief technician or under her supervision. Standard blood pipettes were used. The Haden-Hausser method was employed to determine the hemoglobin values.

Each group consisted of 25 cases. The laboratory was never aware of which technique of cord clamping was being utilized at the time of its determinations.

The best hematologic response resulted from Group 3 (cord strip-

Continued on Page Twenty-four

Highlights Of The National Medical Association Meeting

Dr. L. E. LeSeur, Burlington physician, headed a delegation of approximately twenty men from the Old North State Medical Society attending the clinical and business sessions of the National Medical Association in Washington, D. C., during the month of August. Some of the highlights of the meeting are briefly outlined below:

1. Tabled the discussion on the permanent placing of a Headquarters Building for the Association until the 1955 meeting.

2. The Treasurer reported that as of the meeting date of August 15, the financial condition of the Association was $74,000.

3. Recommended that the N.M.A. donate a sum of $2000 to the N.A.A.C.P.

4. Contributed a sum of $2000 to Meharry Medical College.

5. Heard Mrs. Ovetta Hobby and the Surgeon General discuss the phase of the Negro physician in the new health set-up of the present administration.

6. Heard the announcement that approximately 500 physicians from all parts of the nation were in attendance at the meeting.

7. Visited Bethesda Medical Center for clinics and scientific discussions.

8. Saw Dr. Matthew Walker, Meharry Medical College Surgeon, inducted into office as President for 1954-1955.

9. Saw the following officers elected: President-Elect, A. C. Terrance, Louisiana; 1st Vice President, Charles Lunsford, New York; 2nd Vice President, Fred McLendon, Georgia; 3rd Vice President, Walter Hughes, North Carolina; Executive Secretary, J. T. Givens, Virginia; Secretary of House of Delegates, Murray B. Davis, North Carolina; Speaker of the House of Delegates, R. W. Hixon, Ohio; Vice Speaker, J. A. Long, Florida; Trustees, R. C. Bryant, Oklahoma, L. W. Long, South Carolina; E. I. Robinson, California, and W. T. Nelson, Washington, D. C.

10. Announced that the meetings of the Association would be held in California in 1955, Cleveland in 1956, and New York City in 1957.

11. Enacted into law that mixed organizations as constituent societies of the N.M.A. must be changed by 1959. They may meet locally and have local organizations that are mixed. However, the constituent organizations representing a State in the N.M.A. must be composed of only physicians and the name of that organization must be the one that has its membership made up of only medical men.

PHARMACEUTICAL SECTION

Left to right: Dr. W. E. Armstrong, Program Chairman; Dr. Rufus Hairston, President-Elect National Pharmaceutical Association; Dr. Chauncey Cooper, Dean of Howard University School of Pharmacy, and guest speaker.

In one of the most widely attended meetings of the Pharmaceutical section of the Old North State Medical Society and one that saw for the first time a joint session of the physicians and pharmacists of the State, the efforts of the committee to bring back into the fold all of the registered pharmacists were well repaid and it focused the attention on what could be accomplished when cooperative efforts are made by all concerned. Approximately eighteen of the thirty-six pharmacists were in attendance in Winston Salem and their sessions, as well as the joint session, were highlighted by the presence of Dean Chauncey Cooper of the Howard University School of Pharmacy and Dr. McAlister, Secretary of the North Carolina State Board of Pharmacy.

Certainly the men of the prescription department deserve a pat on the back for the fine way they put themselves into bringing about a renaissance among their members and the interest exhibited by the elder men as well as the determination on the part of the younger men spells out success even greater at the next annual meeting in Raleigh in June 1955. Already those in charge of arranging the program have started the wheels rolling for outstanding speakers and needless to say the joint session has become a "must" with all of the members. This same group comes in again for congratulations for furnishing the National Pharmaceutical Association the President-Elect in the person of Dr. Y. D. Garrett, outstanding pharmacist of Durham. He is slated to succeed Dr. Rufus Hairston of Winston Salem when the next annual meeting of the national body gets under way.

Tea For The Ladies

Left to right: Mrs. Murray B. Davis, President of the Woman's Auxiliary to the Old North State Medical Society; Mrs. E. L. Rann of Charlotte; Mrs. J. W. Walker, Jr., Winston Salem, enjoy chat at the reception.

Convention Happenings In The Old North State Woman's Auxiliary

Tuesday, June 1, 1954, found members of the Woman's Auxiliary to the Old North State Medical Society journeying to Winston Salem for its annual state meeting held at the Winston Salem Teachers College. It was a made-to-order day for going places.

That evening at 8:30 the Talent-Charm Hour was held, featuring the little people of our Auxiliary family, bedecked in fashionable play and dressy clothes to show off their talented attributes. Thunderous ovations from the audience gave one no reason to doubt the success of the show. Mrs. W. F. Meroney of the hostess auxiliary was mistress-of-ceremonies.

Later in the evening members and their husbands had gathered at the spacious and palatial home of Dr. and Mrs. H. R. Malloy for the reception. This affair was a meeting and greeting occasion which tended to increase the bond of friendship and love for the organization.

The business session began as scheduled Wednesday morning with Mrs. F. E. Davis, vice-president, presiding. With a tap of the new gavel presented the Auxiliary by one of its segments, the Rocky Mount group via Mrs. P. W. Burnett, the convention was opened for business. Welcome remarks came from the Twin City president, Mrs. D. R. Wilson, and Mrs. H. H. Creft, Sr., a past president, was on hand for the re-

Continued on Page Thirty

Mrs. W. P. Carter, Auxiliary President

Following a tradition of electing an individual who has shown intense interest in the work of the Woman's Auxiliary to the Old North State Medical Society and a person who has contributed something in the field of civic action, the members of this branch of the Old North State Medical Society saw fit to name Mrs. W. Percy Carter, the winsome wife of Dr. W. P. Carter of Gastonia, as its President for the 1954-1955 term.

Mrs. Carter is a native of Chicago, Ill., but has adopted the Tar Heel State as her home. She is a graduate of Wilberforce University and has achieved recognition in many fields. During the eight years that she has lived in Gastonia she has served seven of those years as Chairman of the Local March of Dimes campaign and equally as many with the Xmas Seal drive. She has served as Chairman of the Committee delegated with the responsibility of raising funds for the securing of a fulltime worker for the Girl Scouts in Gastonia and to her belongs the honor of having seen her fondest dreams realized when this representative was appointed.

She is active in the Alpha Kappa Alpha Sorority, National Council of Negro Women, National Association of College Women and has served as President of the Charlotte Medical Society Auxiliary for two consecutive terms. The incoming President states that she is pledging a year of complete cooperation with the Old North State Medical Society and that it is her sincere belief that the Auxiliary's theme of "Building Today for a Better World Tomorrow by Pulling Together" will find even greater emphasis among its members than ever before, and as President she accepts the challenge with a determination and ambition that can mean success.

Woman's Auxiliary President's Message

June 2, 1954

Winston Salem, N. C.

Fellow officers and members of the Woman's Auxiliary to the Old North State Medical Society—

Greetings:

As your most humble servant, it has been an utter pleasure to serve you during the past auxiliary year, and just here may I congratulate you on your selection of officers to work with me. Each has been a cog of inspiration in the wheel of this year's achievements.

With the theme "Working Together For a Better World Tomorrow by Pulling Together," I have endeavored this year to actually pull us together. In so doing, I have dispatched 362 mimeographed letters with 163 enclosures; 71 individual typed letters; 467 cards including 180 Christmas greeting cards, 97 cards to announce the honor roll achievement and 166 releases as final notifications of this meeting; 4 articles written and sent to the Medical Journal; 11 telephone calls and 2 night letters—thus total communications sent from this

office sum up to 1,080. Total correspondence received numbered 93.

There was steady communication between this office and the executive board and the general membership. I have on file a copy of all of the correspondence and dates indicating when this correspondence was dispatched.

On December 4th, I attended a regular meeting of the Greensboro Medical Auxiliary at the residence of Mrs. G. H. Evans. There I found the auxiliary working hard and making plans for their program on the Five Points.

Tuesday evening, February 9th, found me in Winston Salem in a meeting with the host auxiliary. Despite my severe throat condition that caused my voice to disappear, I was able to whisper a few words of gratitude and listen to the plans being made for this State meeting. A very inspirational meeting and it was a joy to find the members reacting around their nucleous of a president, Mrs. D. R. Wilson.

Appearing in the March issue of the Woman's Home Companion, as a result of Mrs. J. J. Hannibal and her group's alertness was our Woman's Auxiliary listed on the Companion's honor roll among 250 women's clubs of the nation. Flashes were then sent to members of the State and National auxiliaries proclaiming this good news—97 as a matter of fact and 4 releases were sent to the Journal and Guide, Afro, Medical Journal, Carolina Times and The High Point Enterprise. We were lauded highly by the State Medical Society and by national officers and members.

On Sunday, March 28th, the M. B. Davis family journeyed to Charlotte as a result of an invitation extended us by the Woman's Auxiliary to the Charlotte Medical Society during their celebration of Doctors Day at the famed Alexander Hotel. It was truly gratifying to see the Medical Society and its Auxiliary dining together with a sense of admiration for each other. Those courtesies and presentation tendered me there shall remain fresh in my treasury of fondest memories. The lovely corsage presented me by the group's president, Mrs. P. H. Lee, was worn and kept for weeks following the occasion.

To this convention I have brought about 350 copies including the five-point outline; the national song, prayer and pledge; committee appointments; auxiliary membership; and copies of executive board meetings, officers and past presidents.

May I thank you for your splendid cooperation and confidence in my ability. I only trust that I have half-way represented you in this capacity—needless to say my best has been exhibited. All that has been done has been in the interest of a growing State Auxiliary in a better world.

And now—

Let's all pull together for a bigger state,

By supporting our locals and making them great.

For it takes all spokes to make a wheel;

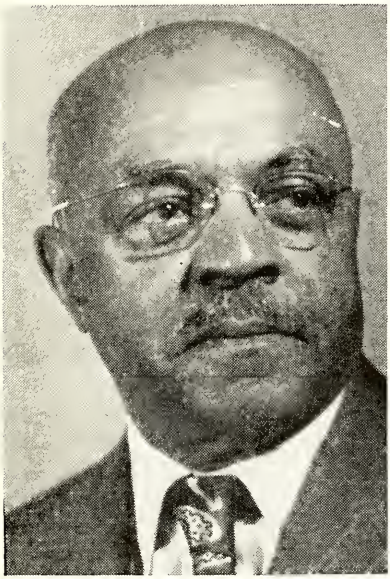
Let's get together, is that a deal?

THE OLD-TIMER'S PAGE

In an effort to make our older members feel that the Old North State Medical Society could never have reached the point it now stands without the steady support of these stalwarts the Editors will present to the readers of the Journal short biographical sketches of the men who have played such important parts in our history. Should you not see your sketch the reason may be that you have failed to answer the request of the Editor or, if you have, it will appear at a later date.

JOSEPH NAPOLEON MILLS, M.D.

Durham, N. C.



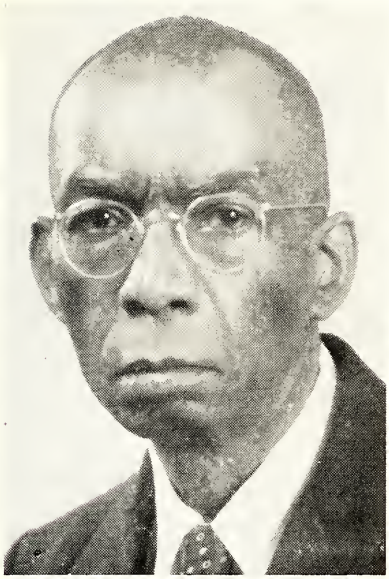
Dr. Joseph Napoleon Mills, a native of Onslow County in the state of North Carolina, received his early education in the County schools of his community and later matriculated at the Kittrell Normal and Industrial Institute, Kittrell, N. C. Following his early training he entered the Leonard Medical School in Raleigh in 1903 and graduated in 1907 and following one year's interneship he began the practice of medicine in Durham. He was married in 1915 and to this union three children were born, two sons and one daughter. Dr. Mills has kept in touch with the modern trends in medicine by his constant attendance at clinics and meetings of the State and National Medical Association. He has held every position of importance in the National Medical Association with the exception of the presidency. He served as President of the Old North State Medical Society in 1928 and has actively supported this organization throughout his life.

Dr. Mills is a trustee of the St. Joseph's A.M.E. Church, Vice President and Trustee of Lincoln Hospital, College physician for North Carolina College, Vice Chairman of the Durham Division of the Boy Scouts of America and is the wearer of the Silver Beaver Award of this organization, having been cited in 1952 for his outstanding work in the field of scouting. We salute Dr. Mills for his tireless work in the field of medicine and his devotion to civic duties. The Old North State Medical Society hails with pride this youthful Old-Timer.

1955 ANNUAL MEETING HELD IN RALEIGH

Now is the time to start planning to attend the 1955 annual meeting to be held in Raleigh in June. Your attendance, we feel sure, will be beneficial both to yourself and to your colleagues. A full attendance of the entire membership of The Old North State Medical Society is very much to be desired, since many questions of importance to the organization and its individual members will be discussed.

DR. E. L. HOFFLER, Elizabeth City, N. C.



Dr. E. L. Hoffler, a practicing physician for 50 years in Eastern North Carolina, was born in Hertford, N. C., and was educated in the public schools of Perquimans County and Hertford. He finished his academic training at what was known as the Hertford Academy and entered the Leonard Medical School in 1900 and was graduated from this institution in 1904. He began the practice of medicine in Greenville and later moved to Elizabeth City where he now resides.

Dr. Hoffler has always found time to devote some of his energies to civic and educational activities. He has served as Chairman of the Advisory Committee of the Public Schools of Elizabeth City, President of the local Business League, President of the Pasquotank Better Health and Civic Association. This latter organization had the honor of bringing the first State Health Unit to Pasquotank County. He is President of the Albemarle Bank and is a member of the Board of Directors of Pasquotank Chapter of the American Red Cross. Until relieved by his son, Dr. W. W. Hoffler, he served as school physician at the Elizabeth City State College and for the past five years he has served as Trustee of this institution.

Dr. Hoffler is a member of the Old North State Medical Society, the National Medical Association, the Eastern North Carolina Medical Society. He, as other Old Timers have done, has kept abreast of the modern changes in the field of medicine by returning to outstanding clinics for refresher courses. Dr. Hoffler, The Old North State is proud of you and your achievements both in the field of medicine and along civic lines and with the 1955 meeting scheduled for Raleigh, your old stamping grounds, we eagerly look forward to seeing and welcoming you again to our meetings.

Re: Payment of 1954 Dues

Although we dislike doing it we are forced to remind a number of our colleagues that they are still delinquent in the matter of payment of dues for 1954. This is the last issue of the Journal to be sent to all registered medical men in the State unless their names appear on the financial roster of the Secretary-Treasurer. The March issue will carry the roster of financial members and as has been pointed out in another section of this issue this roster will be sent to all government agencies, State Boards of Medical Examiners, and related organizations that have requested this information. Surely, you will not like the idea of not having your name appear. DO IT TODAY . . . SEND YOUR CHECK TO DR. F. E. DAVIS, 907 EAST MARKET STREET, GREENSBORO.

Committee Appointments 1954-1955

Program Committee: Dr. Catherine Middleton, Raleigh, Chairman; Drs. Joe Walker of Winston Salem; Charles Watts of Durham; L. P. Armstrong of Rocky Mount; William Cleland of Durham.

Committee on Exhibits: Dr. Emery Rann, Chairman; Drs. Clifton Quick of Fayetteville; George Lowe of Charlotte.

Committee on Recommendations: Dr. J. A. Tinsley, Weldon, Chairman; Drs. E. E. Blackman, Charlotte; Clyde Donnell, Durham.

Committee on Nominations: Dr. R. P. Randolph, Durham, Chairman; Drs. M. B. Davis, High Point; J. D. Quick, Winston Salem.

The Man Of The Year Award Committee: Dr. Sterling Hogans, Charlotte, Chairman; Drs. H. D. Malloy, Winston Salem; W. P. Carter, Gastonia.

Committee on Obituary: Dr. C. B. Codrington, Dunn, Chairman; Drs. W. B. Pettiford, Raleigh; W. H. Bryant, Goldsboro.

Budget Committee: Dr. W. M. Hampton, Greensboro, Chairman; Drs. George Evans, Greensboro; F. E. Davis, Greensboro; York Garrett, Durham; R. E. Wimberley, Raleigh.

Committee on Integration: Dr. M. B. Davis, High Point, Chairman; Drs. L. E. Delaney, Raleigh; E. E. Blackman, Charlotte.

CLAMPING OF THE UMBILICAL CORD

Continued from Page Sixteen

pings) and the poorest from Group 2 (immediate clamping).

The good results obtained in Group 1 were somewhat surprising, since holding the infant above the level of the placenta was thought to prive it of blood. However, the uterine contraction obviously plays a major role in forcing blood through the umbilical vein.

Group 4 compared favorably with Group 1, since the same mechanism is probably in effect along with some help from gravity.

Although an attempt was made to evaluate the respective weights and general condition in the immediate neonatal period, no definite conclusions could be made. The infants are usually dsicharged on the fifth day, and no startling differences in weight could be established. As a matter of fact, in this short time, most of the babies did not regain their original birth weights, and differences in cord-clamping technique did not appear to influence weight gain or loss. No particular differences in general well-being were noted. However, it must be borne in mind that these were all normal infants born of mothers with no obstetric complications. Therefore, it is conceivable that such an infant can tolerate a mild anemia without any deleterious effects.

Cord stripping or delayed cord clamping or both are urged to effect a maximum placental transfusion in infants who are shocked after a traumatic delivery, anemic after a bleeding accident before or during birth, delivered by cesarean section or born prematurely.

Another situation commonly encountered is the infant with a loop or two of cord around its neck. Usually, the most expeditious measure is to clamp and cut the cord in situ. This actually amounts to immediate clamping in an already depressed baby. Every effort within reason should be made to slip the loops over the infant's head and allow it the benefit of its own blood. —From July, 1954 Issue of *Current Medical Digest*

New Drugs and Drug Information

Coricidin Syrup—

Schering Corporation. Indications: Relieves coughs of allergic origin as well as those due to colds. It not only decreases the frequency of coughs, but eases pain, relieves congestion, and soothes irritated membranes.

Dosage: Adults—one teaspoonful every three or four hours not to exceed four doses daily. Children—6 to 12, one-half adult dose.

'Sandril' (Reserpine, Lilly)

Eli Lilly and Company clinicians are investigating new uses of reserpine, which the company now is marketing under the trademark 'Sandril' (Reserpine, Lilly).

Preliminary clinical studies indicate that the drug, well known for its hypotensive action, may well have a place in the treatment of many other conditions. Among these are:

1. Psychiatry—To reduce anxiety and fears, overcome timidity, and improve the ability to adjust to environment stress.
2. Gynecology—For its beneficial effect during the menopause, and in the treatment of premenstrual tension
3. Geriatrics—To overcome emotional problems and nervousness associated with old age.

Clinical findings indicate that 'Sandril' produces best results as a hypotensive agent in mild to moderate hypertension. The starting dosage is one tablet twice daily—morning and evening. Each tablet contains 0.25 mg. and is half-scored for convenience in adjusting doses. Most cases of hypertension are controlled successfully by a regimen of three tablets daily.

In severe essential hypertension, 'Sandril' is being used as an adjunct to other hypotensive agents. Preliminary clinical studies indicate that 'Sandril,' administered in conjunction with 'Provell Maleate' (Protoveratrine A and B Maleates, Lilly), another crystalline alkaloid, is the therapy of choice in controlling this type of high blood pressure.

'Provell Maleate' lowers arterial pressure by its action on the central nervous system. It is not associated with an undesirable fall in blood pressure when the patient rises to an upright position.

When both 'Sandril' and 'Provell Maleate' are given, clinical investigators have observed that smaller dosages may be used. This is of importance in the treatment of severe essential hypertension in which the maximum blood pressure lowering effect of the veratrum alkaloid is desired. A significant reduction can be expected in the incidence of side effects that have been observed at the high dosage levels.

Expasmus (Martin H. Smith)

Action and Indications: Expasmus relaxes both skeletal muscle and associated smooth muscle spasm, relieves low back and arthritic pains, and acts as a mild nonbarbituate sedative and relaxant in tension. Dibenzyl succinate, useful in reducing muscle spasm, can safely be given in large doses. Mephenesin is included as a non-habit forming relaxant of skeletal muscle and mental tension. It is completely metabolized in the liver and does not accumulate in toxic quantities. Salicylamide, more powerful than aspirin, provides swifter relief of pain than spasmolytic drugs alone.

Dosage: Average dose, two tablets every four hours. Maximum daily dose, twelve tablets.

Roster and Officers of Local Societies

TWIN CITY MEDICAL, DENTAL AND PHARMACEUTICAL SOCIETY, WINSTON SALEM, N. C.

OFFICERS:

J. M. Walker, Jr., M.D., President
W. F. Meroney, D.D.S., Vice-President
E. Shepard Wright, M.D., Secretary
H. D. Malloy, M.D., Treasurer

CAPE FEAR MEDICAL, DENTAL, AND PHARMACEUTICAL SOCIETY

OFFICERS:

S. R. Rosemond, D.D.S., President, Wilmington
W. V. Easley, Ph.G., Secretary, Whiteville
Hubert Eaton, M.D., Treasurer, Wilmington

SCRUGGS MEDICAL SOCIETY, RALEIGH, N. C.

OFFICERS:

W. F. Clark, M.D., President
C. B. Middleton, M.D., Vice-President, Secretary
R. S. Vann, M.D., Treasurer
W. B. Pettiford, M.D., Chaplain

ROCKY MOUNT ACADEMY OF MEDICINE

OFFICERS:

J. A. Tinsley, M.D., President, Weldon
J. W. Black, D.D.S., Vice-President, Rocky Mount
W. T. Armstrong, M.D., Secretary-Treasurer, Rocky Mount
F. H. Avant, M.D., Parliamentarian, Rocky Mount

GREENSBORO MEDICAL SOCIETY

OFFICERS:

F. E. Davis, M. D., President
W. L. T. Miller, D.D.S., Secretary-Treasurer

DURHAM ACADEMY OFMEDICINE

OFFICERS:

C. D. Watts, M.D., President
T. D. Bass, M.D., Vice-President
R. P. Randolph, M.D., Secretary
Clyde Donnell, M. D., Treasurer
C. W. Thompson, M.D., Reporter
J. N. Mills, M.D., Chairman of the Program Committee

EASTERN NORTH CAROLINA MEDICAL, DENTAL AND PHARMACEUTICAL SOCIETY

OFFICERS

B. O. Barnes, M.D., Wilson, President
S. B. Rosemond, D.D.S., Wilson, Secretary
M. D. Quigless, M.D., Tarboro, Treasurer

CHARLOTTE MEDICAL SOCIETY

OFFICERS:

Thomas Watkins, Jr., D.D.S., President
M. E. Dubissette, M.D., Vice-President
Roy S. Wynn, M.D., Secretary
G. A. Lowe, M.D., Treasurer
W. P. Carter, M.D., Chaplain
E. E. Blackman, M.D., Chairman Executive Committee

PSYCHOTHERAPY IN GENERAL PRACTICE

Continued from Page Seven

but most men who do aren't really in love with either. This doesn't mean that the alternative is just to flirt with psychiatry, not to philander with her. You have to treat her with respect and some reverence and even call on her occasionally to get to know her ways and perhaps bring her some flowers. You may even have to consort with those strange men who cohabit with her.

There is absolutely no objective to reading some books on the subject. As you know, they come out by the dozens. One of my patients sent me a cartoon a few years ago of an importunate woman ringing the bell of a doctor's office; when the door was opened she said, breathlessly, to the nurse: "I'd like to see the doctor, if he isn't writing a book."

I will mention only one or two books here. There is a book by Maurice Levine, the Professor of Psychiatry at the University of Cincinnati Medical College, called "Psychotherapy in Medical Practice" (Macmillan). It is simple, straightforward, practical, and includes a good reading list. There is also a book, published in 1947, by the Commonwealth Fund under the title "Teaching Psychotherapeutic Medicine." This is a report of an experimental course for general physicians, given at the University of Minnesota by a team of excellent men, mostly, but not all, psychiatrists. Since this records the spontaneous comments of the group it is pleasantly free from pedantry. It covers a wide range of topics, touching on normal personality development, the patient-physician relationship, the more common types of psychopathology, the diagnosis of psychoneurosis and general principles of psychotherapy. This book, like Levine's, is worth perusing. It too contains a short list of suggested readings.

From your reading you will learn something about the mechanism of symptom formation and the significance of emotional conflict in such defensive reactions, for example, as vomiting, constipation, diarrhea, sweating, shortness of breath, palpitations, loss of appetite, constant hunger, and obesity. These symptoms and many others like them should always be thought of as expressing an emotional need, as well as perhaps betraying some diseased organ or organ-system. When they do reflect an emotional disturbance this underlying disturbance may have to be dealt with if the patient is to get well. In fact, it may be risky business just to remove a symptom without giving the patient the benefit of some insight. A symptom often represents an attempt at the solution of a neurotic conflict. With all its incapacitating disadvantages it conceals a secret, but genuine, gratification. If we take the symptom away we may add to the patient's emotional burden and precipitate him into a state of decompensation, a depression, for example, or confusion, or even panic. I am sure you have all seen obese patients become depressed when they were put on a rigid reducing diet. We have come to realize that there may exist a kind of reciprocal relationship between the somatic and psychic manifestations of some disorders. I recall a man who developed a paranoid psychosis when his ulcerative colitis was temporarily cured, and whose psychosis cleared up when his colitis recurred; and a woman who recovered from years of giant urticaria only after she went into a negativistic, withdrawn, presenile depression. These events are probably not coincidence, although we do not yet wholly understand them.

You should also learn from your reading some of the fundamental mechanisms of the mind. Such theorretical terms as the ego, the superego and the id should not be foreign to you, nor such processes as compensation, rationalization, identification, reaction formation, displacement, projection and conversion. These mechanisms are in constant use by all of us and yet, when exaggerated, they may be the basis of abnormal behavior. Every educated man, even doctors of medicine, should know something about them, and also about such concepts as ambivalence, repression, suppression, sublimation and transference, if only so that they can talk with psychiatrists about their patients and find a common and intelligible language.

If the doctor in everyday practice is to acquire some working knowledge of psychotherapy he will have to do some reading and he should try to achieve a working relationship with psychiatrists, but, more important still, he will need to take the time and trouble to learn something about the person he is treating. This does not mean digging and delving and extracting confessions, but rather getting the patient into the frame of mind in which he is able to talk and then listening to him attentively. The doctor should avoid interpretations of symbolic acts and dreams, or leading his patient into exposing unconscious material. This will simply provoke anxiety, which neither the doctor nor his patient will be able to use constructively. That is what I meant before by meddling and bungling and mischief making. All such uncovering techniques are for the more professionally trained psycho-analytically oriented psychiatrists. A physician in everyday practice must depend on education, reassurance, support and management of the patient's problems, either directly or through the help of others.

I will take up these elements of psychotherapy separately and briefly. First, education or enlightenment, or giving the patient insight and understanding. This can accomplish a great deal by way of allaying anxiety. It is especially useful in some psychosomatic states when the patient is greatly worried or concerned about his heart or his blood pressure, or his stomach or his head, or does not know that these unpleasant symptoms often result from emotional tension. Just explaining certain simple physiologic mechanisms is valuable for some patients, especially if they realize that what they are complaining of is not unique to them and that we doctors don't think their complaints are "all imagination." The fact is, a symptom is never imaginary to the person who suffers from it, no matter what its cause, only to the doctor who can't account for it. Simple diagrammatic explanations of the workings of the sympathico-adrenal system, for example, and its effects on the blood vessels or the digestive tract may help a lot. A doctor can also do much to dispel superstitions about mental and physical illness and round out the half-knowledge which every literate person has thrust upon him in the popular magazines.

But I am not much for giving lectures to patients, nor of doing all the talking. Let the patient talk and keep quiet yourself. That is the first step in good psychotherapy. That will give him the feeling that you are interested in him and when he is convinced of that he will tell you more about himself than he knows he is doing.

A great many doctors are so afraid that their own emotions may be aroused by their patients either out of sympathy or dislike, or even amorousness, that they don't give them a chance to get a word in edgewise. They talk at and down to them to protect themselves and, as

they think, mistakenly, to save time. Before they know what to reassure them about they will begin to reassure them in a premature Polyanna sort of way. A patient complaining of the symptoms of an ulcer may not be at all reassured when he is told that x-ray does not show any deformity of the duodenal cap. He may actually be galled by his domineering, aggressive wife or his unreasonable boss, and may want to talk about that. But the doctor's insistent and prompt reassurance may shut him up completely. Reassurance in the face of any considerable anxiety is at best a temporary and superficial expedient and needs, like digitalis in a failing heart, to be constantly repeated. The most reassuring thing is the quiet, firm integrity of the physician, his devotion to his job and his scrupulous thoroughness.

Since people who are sick usually feel threatened they need a stout ally in their fight for health. A good doctor is the natural ally and a thorough physical examination is one of the most reassuring and supportive maneuvers at the hands of physicians. But the patient need not be told about insignificant data, unimportant cardiac murmurs, for example, or laboratory findings, which he certainly won't understand. In many cities it is a practice among some of the well trained and most successful physicians to send their patients long written reports on their physical examinations, with everything from hematocrit readings to urea clearance. I think this is a mistake. It may, to be sure, impress the patient with his doctor's painstaking thoroughness but it also provides him with a lot of stuff about which he will only be perplexed and worried. Examinations should not be too prolonged without adequate explanations. It is very bad psychotherapy to make premature announcements. A patient of mine was told the other day, by an orthopedist, that the x-ray films of his hip looked as if he had some cystic degeneration of the femur, but the films weren't dry and he couldn't be sure until the next day. A young girl, applying for a job in the hospital was asked to have the x-rays of her lungs repeated and then, by way of reassurance, she was told not to worry. This statement, of course, was the very thing that made her worry.

Closely related to reassurance and support is management of the patient's problems or what is sometimes called environment manipulation. Here a good social service worker can be of inestimable help, not only to find out facts but to confer with relatives or employers and to see where the burden on the patient can be lessened or his satisfactions and rewards increased. But most of us learn with experience that we cannot play the part of God or deal with our patients by pulling strings, as if they were puppets. In the end we must help them face the facts of their lives and deal with these, if possible, without recourse to illness.

There is no better access to the patient's personality than taking his history. This is the beginning of the therapeutic relationship. If the doctor is sympathetic and interested and not too mechanical, flat, routine or hurried, then the patient will gain what we call rapport. He will be willing to talk about certain aspects of his life that may never has crossed his lips before. When all is said and done, we poor suffering mortals suffer, mentally at least, in-so-far as we are unable to give and receive love and in-so-far as our primitive needs for shelter, food and survival are threatened, either in actuality or in fantasy. These are the things that are most vital to us and that we are least ready to talk about. The inwardness of a life will not be captured by a questionnaire or by a rubber stamp sort of history.

Our aim in taking a medical history is no longer only to find an etiologic agent and then to devise means of exorcising it. It is rather to discover what kind of individual we are dealing with, what are his strengths and weaknesses, his assets and liabilities, what his patterned reactions under stress. For this purpose we need to review his life, to inquire with special care into those events that led up to illness.

From July, 1954 Issue of Current Medical Digest

CONVENTION HAPPENINGS IN THE OLD NORTH STATE

Continued from Page Nineteen

sponse. A cheery note of music was rendered by the Nurses Choral group of the Kate Bittings Reynolds Hospital under the capable direction of Mrs. P. M. Brandon, a member of the hostess auxiliary. There were minutes by the secretary, Mrs. M. D. Quigless and greetings from Mrs. M. B. Davis, the state president. Reports of the local auxiliaries were both inspiring and gratifying because it revealed that all of them had witnessed a year of activity.

Souvenirs of monogrammed ash trays from the state president were presented all officers, 5-Point chairmen and committee chairmen as a token for their splendid cooperation at the luncheon following the business session on Wednesday. To climax this event was a tribute to the doctor's wife composed by Dr. E. L. Rann of Charlotte.

The game evening held at Mr. and Mrs. R. S. Hairston's beautiful residence was one to be remembered. Due to the decision of the Supreme Court relative to segregation in the Southern schools, Dr. Margaret Just Butcher, a member of the Washington school board and professor at Howard University was invited to address the auxiliary and despite an ankle injury she appeared for this occasion.

Dr. Butcher had flown from a school board meeting in Washington. There was no doubt about it she did grace the affair as members listened attentively to her message. "Women," she said, "can do a great deal in spelling out for a lot of people the meaning of the decision. We must see the problem of segregation in the context of the world situation. I don't think we can assume a middle of the road position in this matter." She suggested that Negro citizens find ways to work where possible in interracial organizations and sponsor them. "We must work wherever possible with existing organizations—perhaps in advisory capacities. If enough of us are articulate we will be heard," she said. When Dr. Butcher was through expressions of delight were found on the faces of auxiliary members as they rendered minutes of

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applause. The vivacious professor was the recipient of a corsage and a gift from the Twin City group and the State Auxiliary respectively.

Thursday's session brought a guest speaker equally as timely as Dr. Butcher because of the trial vaccine for poliomyelitis—Mr. C. H. Bynum, director of interracial activities for the National Foundation for Infantile Paralysis. He was truly interesting and informative. Dr. W. A. Cleland, president of the Old North State Medical Society came forth with greetings in the Society's behalf and contributing musically to this meeting was Mrs. W. M. Bryant with a vocal selection, "Charity."

Ready with reports of the activities relative to the five points were: Mesdames C. W. Thompson, E. A. Eaton, Robert LeSueur, and R. H. Greene. Next on the agenda were reports from the standing committees. Persons assuming chairmanship of these committees were: Nomination, Mrs. H. H. Creft, Sr.; Budget, Mrs. R. S. Hairston; Auditing, Mrs. J. S. Simmons; Credentials, Mrs. E. E. Blackman; Projects, Mrs. J. M. Walker; Constitution, Mrs. F. E. Davis; Courtesy, Mrs. M. D. Quigless; Merit Award, Mrs. W. C. Shanks, and Memorial, Mrs. H. D. Malloy.

In order to stimulate greater local activity, a merit award was given a deserving group on the basis of prompt replies to requests, actual work on the Five-Point program, percentage of paid up active members to local, state and national auxiliaries and attendance to the state convention. The Woman's Auxiliary to the Charlotte Medical Society with Mrs. P. H. Lee, president, became the recipient of this handsome cup.

Mrs. J. E. Alexander, first president of the state organization and a past national president, very impressively installed the newly elected officers for the ensuing year. Officers installed were: Mrs. W. P. Carter, Gastonia, president; Mrs. F. E. Davis, Greensboro, president-elect; Mrs. W. G. Shanks, Burlington, vice-president; Mrs. C. M. Quick, Fayetteville, recording secretary; Mrs. K. W. Jones, Reidsville, corresponding secretary; Mrs. P. W. Burnett, Rocky Mount, treasurer; Mrs. J. J. Hannibal, Kinston, Historian; Mrs. E. S. Wright, Winston Salem, publicity chairman; and Mrs. M. B. Davis, High Point, chairman advisory board.

When the installation ceremonies ended, Mrs. F. W. Avant of Wilmington, an ardent auxiliary member, presented the president with a lovely gold colored outfitted evening bag on behalf of the state group. With a tap of the gavel and the national pledge, the 1954 convention of the Woman's Auxiliary to the Old North State Medical Society was adjourned.

Following this business period the social calendar was completed when a much-needed-at-this-point picnic was held on the colorful lawn of the residence of Dr. and Mrs. R. L. Smith. This event brought gobs of food and drinks that would have tickled the fancy of any gourmet. Farewells and goodbyes were said as guests climbed in their modern conveyances for the return trip home.

Make your plans, starting now, to attend the annual meeting of the Old North State Medical Society in Raleigh next June. Your attendance at the meeting will be more certain if you plan far enough in advance and arrange your work accordingly.

ON INSTRUCTING DELEGATES

Continued from Page Thirteen

Society will again record its wishes and elect its delegates to the National Convention with definite instructions as it has previously done and we hope with equal fervor that never again will we allow ourselves to sink to such a point as we did in Winston Salem in discussing such issues.

DR. Y. D. GARRETT NEW PRESIDENT-ELECT

The Old North State Medical Society has again furnished the National Pharmaceutical Association material for leadership. In Houston, Texas, this group saw fit to name Dr. Rufus Hairston of Winston Salem as President-elect for 1954 and this year at Philadelphia the group, at its annual confab, again reached into its membership in North Carolina and selected Dr. Y. D. Garrett of Durham as the new President-elect.

That North Carolina has within its borders two men who are so outstanding as to be elected in successive years is indeed an honor. We would stop here to point out to the good National Pharmaceutical Association that the list does not stop with these two men and if they wish additional leadership from this state then all that they have to do is to make it known. The fact that these two men are active and loyal members of the Old North State Medical Society gives us more reason to be proud.

York Garrett is an aggressive person. He believes firmly in the future of the Negro pharmacist and the Negro pharmacy. He is unselfish in his motives and objectives and is intensely interested in the whole program of his parent society. The National Pharmaceutical Association is to be congratulated in its selection of Dr. Garrett. The Old North State Medical Society is proud that it produced him.

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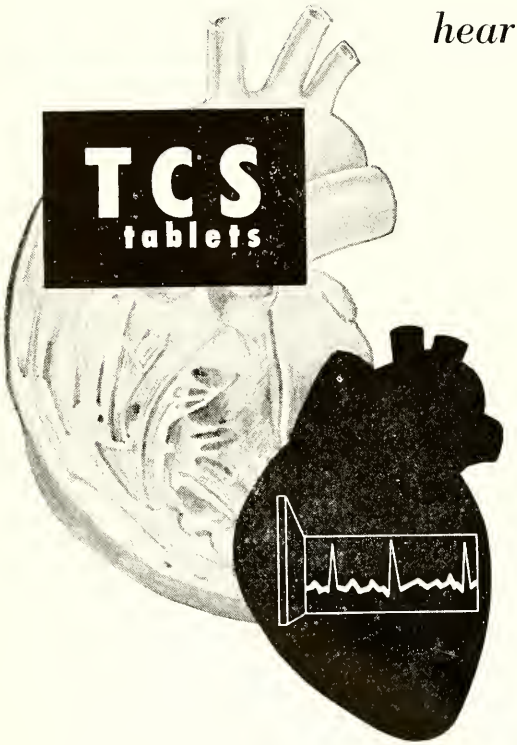

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FOREWORD

Again we come to that grand old season of Christmas and this corner wishes to extend its thanks for all the many nice things that have been said about your publication and we also wish to extend our sincere thanks for the materials that are beginning to roll in for publication. Once more we would like to point out that where some materials are sent in and then do not appear immediately it is because of space limitations or failure to make the "dateline". Our next issue will carry two very interesting scientific articles by two of our members. We are certain that you will not want to miss reading them. Thanks again and we repeat with emphasis that this is YOUR publication and in order to continue to grow we must have your continued cooperation.

The Journal of the Old North State Medical Society

EDITORIAL STAFF

Published in Rocky Mount, N. C., four times yearly—October, December, March, June

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New Year's Wishes From The Editor

1. For Dr. J. S. Simmons, President, an even greater attendance of medical and pharmaceutical men at the next annual meeting in Raleigh in June, 1955.

2. For the Committee on Integration a final report that the Medical Society of the State of North Carolina has followed the policy of the Medical Society of Virginia in admitting Negro physicians to its organization.

3. That the Old North State Medical Society may see fit to elect and financially support a representative or delegate to represent it at the annual meeting of the National Medical Association meeting and the meeting of the National Pharmaceutical Association.

4. That the Old North State Medical Society may see fit to provide at the next annual meeting some program to honor the fifty-year men in our organization.

5. That this organization may become strong enough to provide a worthwhile scholarship as has been recommended for some deserving student in a medical school of his choice.

6. That more of our G.P.'s may find it possible to attend the postgraduate clinics now being held at the Medical School of the University of North Carolina.

7. For Drs. Catherine Middleton and Nelson Perry and their colleagues of the Scruggs Medical Society of Raleigh a tremendous success in the planning and handling of the 1955 meeting.

8. For the Woman's Auxiliary headed by Mrs. W. P. Carter of Gastonia, a continued success in their 5-point program which is national in scope.

9. For Dr. E. L. Rann, Chairman of the Committee on Exhibits, a greater success in 1955 than in 1954 since the State body is to underwrite the entire convention beginning with the meeting in Raleigh.

10. That more of my colleagues will drop a line or two letting this office become aware of the civic and professional attainments.

11. That more of the members of the Old North State Medical Society will attend regularly the sessions of the National Medical Association.

Obituary

Dr. Alexander Hamilton Ray, Winston Salem, N. C., died in New York City, Friday, October 15th. Dr. Ray had been ill since last summer. He was a native of Wake County and had practiced medicine in Winston Salem since 1916 and for more than 20 years he had devoted most of his time to work at Winston Salem Teachers College. Dr. Ray was instrumental in the planning of the Kate Bitings Reynolds Memorial Hospital. He was a former president of the Twin City Medical Society and served as President of the Old North State Medical Society. He was a graduate of the Leonard Medical School.

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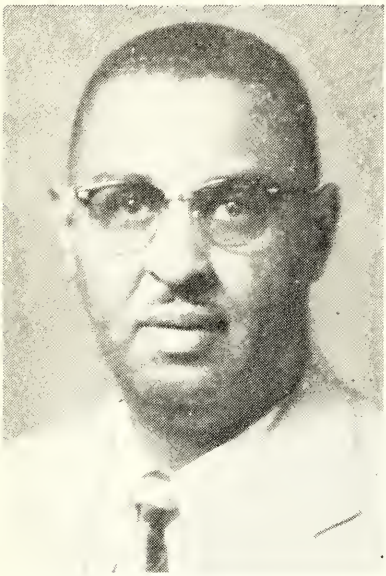
President's Christmas Message

"For unto you is born this day in the city of David a Savior, which is Christ the Lord."

What better Christmas message could be given to a group of medical men at Christmas time than to retell the story of the birth of the Christ some 2000 years ago? To me, I think, it is in good order and is quite timely, since most of us seemingly, miss the true significance of Christmas.



J. S. SIMMONS, M.D.

We, most of us, are want to believe in Christmas as only a time of reveling and merriment, but Christmas has, and rightly so, a greater meaning—a meaning of peace, love and brotherhood of all mankind. It is well, therefore, that we who are dedicated to the relief of suffering should, during this Yuletide season, look deep into ourselves to take stock of our lives and to see how well we are exemplifying the teachings of the greatest healer—Jesus Christ.

Let us not forget to gather around us our loved ones and give praise and thanks unto Him who has guided us through all our years, and through whom wisdom has been imparted to enable us to act with equanimity and skill in our daily task of comforting and relieving the pain of those under our care.

From our office we extend to every member of the "Old North State Medical Society" the very best Noel greetings. Make merry and let all malice go out from you, but in your merriment don't forget the occasion that brought about this festive season. Surely as Sir Launfal found out, "The gift without the giver is bare"—Christmas without the Christ child is barren and devoid of all that makes life worthwhile.

"For unto you is born this day in the city of David a Savior, which is Christ the Lord."

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Highlights of the Meeting of John H. Hale Surgical Society

The Greensboro Medical Society was host to the John H. Hale Surgical Society of the Carolinas, November 10, 1954, meeting at the L. Richardson Memorial Hospital.

William L. Smiley, M. D., F. A. C. S., Director of the Department of Obstetrics and Gyneconogy, Homer G. Phillips Hospital, St. Louis, Missouri was one of the guest clinicians.

Registration began promptly at 8 a. m. The attendance was slightly off. Yet, we had one of the most impressive and informative meetings that we have had for some time.

The morning hours were taken up with the Operation Clinic. Dr. Smiley performed two majors; Dr. J. B. McLaughlin did an amputation; Dr. W. M. Hampton demonstrated his technique of bloodless tonsillectomy, and Dr. G. Alexander did a debridement of an old Veinous Ulcer.

While much of this was going on, Dr. Alvin Blount was discussing with another group in a Dry Clinic his remarkable skill of diagnosing a ruptured uterus through which an arm protruded. Diagnosis was confirmed at Surgery.

Because of the many operations and cases studied in the Dry Clinic, dinner was held over for more than thirty-five minutes.

Banquet luncheon was held in the Nurses Home at which two greetings were extended to the group by Dr. W. L. T. Miller, Secretary-Treasurer of the Greensboro Medical Society, and Dr. J. E. Smith, Director of the L. Richardson Memorial Hospital.

Dr. J. W. V. Cordice of Durham gave a brief, yet comprehensive resume of the life history of Dr. C. C. Stewart in his relationship to the development of medicine and the L. Richardson Memorial Hospital in the City of Greensboro.

President McFall requested Dr. E. E. Blackman to present a medal to Dr. Cordice for his services to the organization as President.

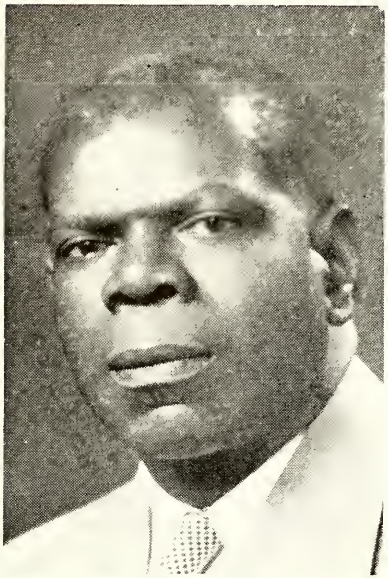
The scientific and business sessions were held in the classroom of the Nurses Home. Dr. Smiley was introduced to the society by the President, Dr. McFall of Charleston, South Carolina.

Dr. Smiley delivered one of the most stimulating and helpful addresses we have had the pleasure of listening to.

Dr. Malloy, Chairman of the Scholarship Committee reported that for some time now it has been difficult even to give away $250.00, the annual scholarship award, because so many of the Interns have enough money for their training without the help. Thus, the Society decided to discontinue the annual award and allow the money to accumulate and donate a large sum of money later to some Research Foundation.

Community Hospital at Union, South Carolina, was selected as the place of the next meeting.

Greetings From The Secretary-Treasurer



F. E. DAVIS, M.D.

Season's Greetings to the members of the Old North State Medical Society and their families. Wishing each of you hearty good wishes for a very Merry Christmas, and may the New Year bring you much happiness and a full measure of prosperity. If I had the magic power of good Old Saint Nick to be everywhere at the same time, I would say this in person.

You will be hearing from me, however, early in 1955, reminding you of your dues because of our new plan of operation along with the publication of our Journal. It is necessary to have you pay your dues as early as possible. By the way, the yearly fees have been increased to $20.00 beginning with the new year.

With best wishes,

F. E. Davis,
Secretary-Treasurer

A Christmas Message From The Editor

As we feel the pressure of the approaching Christmas let us stop to thank God for it and wish that it lasted all the year. And as we shop around for presents for our families let us take time to ponder over such things as friendship, understanding, consideration, a helping hand, a smile, and a prayer because such things as these cannot be purchased in a store and these are things that people need. We, as individuals, can give them with such little cost and yet they bring much happiness.

The Editor wishes you a very merry Christmas and a bountiful New Year and let us keep in mind the promise that the angels sang—On Earth Peace, Good Will to Men—and let us hold in our hearts that abiding love among men of good will and may this love make of us one mankind for it alone is the hope of peace and the only way we can sincerely go back to God. May God bless all of you, my colleagues, and may His richest blessings be bestowed upon yon and your families.

And as we said last year in our message we again repeat that as you travel "may a star lead you, the wind be at your back, the road rise to meet you, and God hold you in the hollow of His hand."—Ed.

EDITOR'S PAGE

Prior to the death of Governor Umstead this publication had urged his recognition of the Old North State Medical Society in making appointments to Boards and Committees where the medical profession was intimately concerned but our efforts were to no avail. Letters were sent to him (Governor Umstead) urging his appointment of qualified men from our society. They were duly acknowledged with the usual "Your suggestions will be given consideration" or "All existing vacancies have been filled."

Now with a change in the administration, we are again urging Drs. J. S. Simmons, President, and Rudolph Wyche, President-Eelect and Chairman of the Executive Committee, to CALL UPON the new Governor and point out to him this glaring injustice as it relates to the medical profession of North Carolina. The Negro physicians in this state serve approximately 45-50% of the population and there is no sane reason for consistently refusing to give us representation on these committees. Vacancies are constantly occurring on these boards and we should let Governor Hodges know that we desire to have our men placed in a position to help map the program of health in this State. It is certain that no member of the Medical Society of the State of North Carolina can begin to understand the problem of the Negro as the Negro himself does. Governor Hodges has emphatically stated that he was not obligated to any segment of the Democratic party for his election and therefore he would make his own decisions rather than attempt to repay election debts. This is a situation that we believe most healthy in every respect and unless we miss our guess he is going to prove to be far more understanding and reasonable than his predecessor.

SPECIAL

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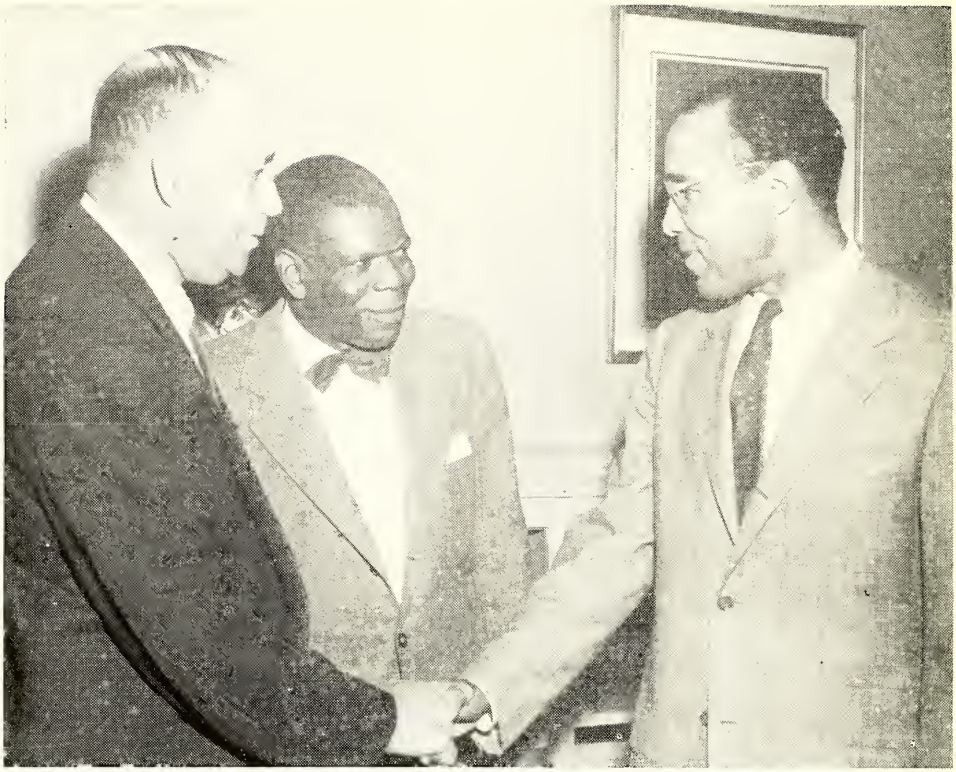

Pictured above are the men who played an important part in making the meeting of the John H. Hale Surgical Society's clinic a success. Dr. W. L. T. Miller (left) and Dr. F. E. Davis (in center), Secretary-Treasurer and President, respectively, of the Greensboro Medical Society, are well known in their particular fields and are important cogs in their organizations. Dr. William L. Smiley, one of the guest clinicians, is a member of the staff of Homer G. Phillips Hospital of St. Louis, Mo.

Successful Clinics At Durham, Greensboro

Again we say that you missed a treat in a medical way if you missed the Lincoln Symposium in Durham during the month of October and the meeting of the John H. Hale Surgical Society meeting in Greensboro during the month of November. Both of these meetings were highlighted by the presence of outstanding clinicians in the field of medicine and surgery. From the reports that we have had the attendance was good in both places and we only wish that all of the members of the Old North State Medical Society would pause and take time out to refresh themselves at such clinics as these. We should keep in mind that despite our ego we never learn all the medicine that is containd in Cecil's textbood of Medicine and with the many new drugs to be considered in one's armamentarium one needs to not only attend these clinics but he also needs to support his local medical society where such scientific sessions are a part of the regular meetings.

Left to right: Doctors L. W. Long, Union, S. C.; Edson E. Blackman, Charlotte,, J. W. V. Cordice, Durham, T. C. McFall, Charleston, S. C

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THE OLD-TIMER'S PAGE

The gentleman honored in this issue of the Journal is none other than the genial Dr. L. E. McCauley of Raleigh, N. C. To many of his colleagues he is known as just plain Lem. To the younger men he is fondly spoken of as Dr. Mac. Whatever the term might be in addressing him we all recognize the greatness, integrity, the sportsman, and the healer in this individual. One finds it difficult to describe him adequately so varied are his traits and virtues. Dr. McCauley is a graduate of the Leonard Medical School, having finished his work in 1905 and with the opening of the year 1955 it will mark fifty years of work in the field of medicine. He has done extensive postgraduate work at the University of Pennsylvania, Freedman's Hospital of Washington, D. C., and St. Phillips Hospital, Richmond, Va. At the present time Dr. McCauley operates his private hospital in Raleigh and for thirty years it has rendered significant service to this community and state and has served the public in an outstanding way. This record is attested by the fact that patients come to this institution from every section of North Carolina and many other states. The hospital has the distinction of having the lowest mortality rate of any institution in his community. It is maintained on a self-supporting basis and it does not accept city, county, or foundation donations. Besides looking after his practice this venerable gentleman has found time to participate actively in civic affairs. He is the first Negro to become Chairman of the Advisory Committee to the Federal Housing Authority; he is a member of the Interracial Commission of North Carolina; chairman of

Continued from Page Eighteen

Highlights of Business Session

The Second Business meeting of the 67th annual session of the Old North State Medical Association was called to order by the President, Dr. William Cleland, on June 2, at 6 p. m.

Dr. Middleton reported for her committee. The following changes were suggested as to time of meeting.

1. That the executive board meet on Sunday afternoon preceeding opening of the State meeting.

2. That the State meeting be opened on Monday at noon.

Her report was received and approved on voice vote.

The house was opened for old business—no old business presented.

The house was opened for new business. Dr. J. E. Jones of Elizabeth City asked the body to endorse The Elk's Health Plan, and moved, "That recognition be given to said plan." The motion was passed by voice vote.

Dr. Cleland made his report as chairman of the committee formed to investigate the feasability of forming a Tri-State Medical Assembly with the Palmetto Medical Society, Old Dominion Medical Society and the Old North State Medical Society. He stated that the officials of he other two societies were agreeable, and had formed a committee that had met with Dr. Cleland.

They thought that the combined strength and size of such an organization would be able to attract higher types of clinicians, and attract enough men in the different specialties in such numbers as to warrant the division of the meetings into sections.

South Carolina wanted the Dentists included. Some of the men then voiced the thought that a Bi-State affair with the Old Dominion Society would work far better.

Dr. Middleton suggested that the members from each state could have their separate business meetings as usual, but pool the scientific session. She doubted that such a union would work in North Carolina. She pointed out the fact that much labor had gone into building the society to its present level, and thought that a Tri-State Society might be too cumbersome. Dr. W. T. Armstrong agreed with Dr. Middleton.

Dr. J. S. Simmons suggested that the decision on this matter be deferred until after we had had a chance to give it more sober consideration.

Dr. W. T. Armstrong moved that the Tri-State group be notified that we were not ready to take up the matter at this time,—passed by voice vote.

Dr. Simmons discussed the advisability of notifying the Woman's Auxiliary that they should give us advance notice of their desire for help in the future.

Dr. H. D. Malloy moved that the Woman's Auxiliary be donated $50.00 toward the expenses of their speaker.

Continued on Page Twenty

Season's Greetings From Auxiliary President

Gastonia, North Carolina

To: Members of the Auxiliary to the Old North State Medical Society

From: The President's Files

Greetings:

"I heard the bells on Christmas Day
Their old familiar carols play,
And wild and sweet
The words repeat
Of peace on earth, good-will to men!

As we begin celebrating this Yuletide season, let us be constantly aware of the theme, "Today's Challenge Becomes Tomorrow's Promise." In carrying out the theme, our objectives should be to promote good-will and understanding among all people, to recognize threats to racial integrity and try to avert them, to help youth interpret spiritual values, and to help bring peace, freedom and a true Democracy to all men regardless of race, creed or color.

From the early centuries of Christianity, the anniversary of the birth of Christ has been celebrated by a special church festival. In early England this festival was called Christes Messe meaning "Christ's mass", from this we get our word "Christmas." Today the observance of Christmas is universal throughout the Christian world. Church services, feasts, and entertainment highlight the season.

When there's a frosty bite to the air and the land is covered with snow, and the children look in anticipation of Santa Claus, everyone knows it's Christmas. Whether you are at home or at work, in a city or on a farm—on the road or on the sea—the spirit of Christmas is upon you and there's joy in your heart and spring in your step. For there's something about Christmas that makes you feel it is good to be alive, no matter where you are or what you are doing. It is a time of good will and good cheer that can be just as sincere and meaningful in a submarine as it is in a living room. Let us make it meaningful this Christmas wherever we may be.

Although we may not celebrate Christmas as they do in some of the Baltic lands where the gifts are supposed to be brought by the Christ child (Kris Kringle) himself or as they do in France where the children place wooden shoes on the hearth to receive the presents which "Bonhomme Noel" (Father Christmas) brings, the thought and sincerity of Christmas is the same. The idea of bringing cheer and happiness to the less fortunate, the anticipation of solemnly concentrating on the meaning of the birth of the Christ child, should be uttermost in our minds, ladies, during this Christmas season. Let us bear in mind the purpose of the Auxiliary and do a real service now, and throughout the New Year.

Many civic and worthwhile organizations await our attention. Let us consider raising health standards by cooperating with the American Red Cross, Tuberculosis Association and others, giving volunteer service to hospitals, clinics and working with all organizations for general community betterment.

Protection of the rights and privileges of all citizens should be a

part of our general program. Interest in laws of our city, state and national government and a very special interest in the power of the ballot will go a long way toward bringing about efficient government officials and thereby resulting in better communities. "The well-being of your town is the sum total of the well-being of all its citizens." Let us dedicate ourselves during this festive season to help bring about a sense of well-being for all the citizens.

To all of you, I extend a wish for a Merry, Merry Christmas and a New Year filled with service.

(Mrs.) W. Percy Carter

Woman's Auxiliary To The Old North State Medical Society

Dear Co-Worker:

Greetings to each of you as we begin our 1954-55 year's work.

Let us all think seriously of making this a most successful year. Please appoint chairmen for the following committees: Health, Education, Legislation, Community Needs, and Human Relations. The state chairmen are to contact the local chairmen regarding the activities in your auxiliary, so please begin work in each field immediately.

Concerning the Scholarship Fund, each member of your local group has been requested to pay a minimum of $2.00, and the names and the

amount contributed will be read at the National Convention. Let us cooperate wholeheartedly with this program.

Bear in mind these obligations:

1. Dues
   a. National dues $5.00
   b. Affiliation Fee (Local) $2.00
   c. Affiliation Fee (State) $5.00
2. Alma Wells Givens Scholarship Fund
   a. State assessment $10.00
   b. Local assessment ..... $ 5.00
   c. Per member assessment ..... $ 2.00

All money for dues, fees and Scholarship Fund should be sent to the General Secretary, Mrs. E. Chester Hedgeman, 2325 Chicago Boulevard, Detroit, Michigan.

Please keep the state chairmen of the Five Point program informed of your activities, so they may report them to the Zone Director, and the National Chairman. Do not wait until the State Convention to report your activities.

Our first report to the Zone Director is due December 30, so please send me a full report of your activities before that date, so that I can forward them to her and she can include them in her mid-year report. I shall be expecting to hear from each auxiliary in the state before that date.

I am happy to serve as your president, and know that you are going to work faithfully throughout the year.

Sincerely yours,
Gladys E. Carter
(Mrs.) W. Percy Carter

STATE CHAIRMEN OF THE FIVE-POINT PROGRAM

Health: Mrs. H. H. Creft, P. O. Box 263, Monroe.
Legislation: Mrs. D. C. Roane, 610 Walnut Ave., Wilmington
Education: Mrs. J. M. Walker, Jr., 800 Cameron Ave., N. E. Winston Salem
Community Needs: Mrs. H. N. White, 69 Madison St., Asheville
Human Relations: Mrs. W. M. Wynn, 810 Benbow Road, Greensboro.

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Auxiliary Activities

The many local auxiliaries of the Old North State Medical Auxiliary have begun the year's work with a group of well-qualified officers. The Charlotte group that won the loving cup for activities during the year 1953-1954, has Mrs. E. L. Rann at the helm. Other officers are: Mrs. J. E. Alexander, vice president; Mrs. M. T. Brodie, recording secretary; Mrs. A. J. Williams, treasurer; Mrs. J. R. Isler, reporter; and Mrs. W. H. Russell, parliamentarian.

Mrs. P. W. Burnette
Rocky Mount, N. C.
Treasurer, Woman's Auxiliary to The Old North State Medical Society

The first three meetings of the year were held at Hotel Alexander with Mrs. P. H. Lee, Mrs. J. D. Martin and Mrs. A. E. Perry as the hostesses.

Plans were made for the year's work in the field of Health, Education, Legislation, Community Needs, and Human Relations.

The High Point Medical Auxiliary, with Mrs. E. P. Wilson as president, named the following members as Chairmen of the Five Point Program: Mrs. W. C. Parks, Health; Mrs. J. C. Morgan, Legislation; Mrs. C. T. Whitten, Education; Mrs. A. M. Greenwood, Community Needs and Mrs. M. B. Davis, Human Relations.

Other officers are: Mrs. W. C. Parks, vice president; Mrs. A. M. Greenwood, secretary; and Mrs. J. A. Martin, treasurer.

Mrs. W. E. Armstrong heads the Auxiliary to the Rocky Mount Academy of Medicine. The group has begun an active program for the year.

All local groups of the Old North State Medical Auxiliary are asked to send a report of their activities to the president.

Mrs. W. Percy Carter, president of the Old North State Medical Auxiliary, addressed the Sectional meeting of the National Association of Colleges, which met in Winston Salem recently.

The Kinston Auxiliary under the able guidance of Mrs. J. J. Hannibal, celebrated Education Week by the formal opening of the Carter Woodson Reading Room. The Auxiliary members served as hostesses at the Open House on Friday, November 12, from 3 to 8 p. m. During that time the Reading Room which is sponsored by the Auxiliary had on exhibition books, pictures, magazines, art objects and crafts pertaining to Negro life and history. The afternoon hours were devoted to special exhibits designed to appeal to children and among these ex-

Continued on Page Nineteen

PHARMACEUTICAL SECTION

News items from the pharmaceutical section give us a hint that the 1955 sessions will be even better than the well-remembered 1954 sessions in Winston Salem. It is our understanding that every effort is being made to bring again to the joint meeting a speaker that is well known in pharmaceutical circles and one of equal calibre of Dr. Cooper. The pharmacists also point out that they are not letting up one bit in their drive to get every registered man in their group to attend the 1955 meeting.

ON TO RALEIGH IN 1955

Word comes from Raleigh that 1955 will see the biggest and best medical meetings yet. They tell us that they intend to even outdo Winston Salem and all of us must admit that this meeting was quite a success. According to reports from the Chairman of the Program Committee the meeting is scheduled for the week of June 12 and we are sure that you are going to like this since many of the members of the Auxiliary will find it possible to attend with their husbands. Headquarters will be at Shaw University, the home of the old Leonard Medical School which gave us so many of our stalwart members. Then too, they tell us that in addition to the clinical sessions there is going to be a round of social activities that will outdo any previous meeting. Make your plans now and mark the date of June 12 on your appointment book. You cannot afford to miss this meeting. It will be reunion time for the Leonard, Meharry, and Howard men as well as many others.

NEW AND USEFUL DRUGS

Sebizon

Manufacturer: Schering Corporation, Bloomfield, New Jersey.

Active Constituent: 100 mg. sodium sulfacetamide (p-aminobenzene-sulfonylacetylamide) per gram.

Action: Antiseborrheic preparation.

Indications: Containing Schering's sodium sulfacetamide which exerts a powerful bacteriostatic effect against the organisms commonly isolated from cutaneous pyogenic infections, Sebizon is effective in controlling scaling dermatoses such as dandruff, acute and chronic seborrheic dermatitis, and bacterial infections of the skin. It not only is indicated in primary and secondary cutaneous bacterial infections, but promptly relieves the itching in common dandruff.

Dosage: Lotion should be applied to the hair at bedtime and allowed to remain over night. Its application should be preceded by a shampoo if the hair and scalp are oily or greasy. Initially treatment should be repeated eight to ten times. Thereafter, application should be repeated once or twice weekly, or every other week, depending upon severity of condition, to prevent recurrence.

Packaging: 4 oz. plastic squeeze bottle with applicator.

Donnatal(R) No. 2 Tablets (Robins)

Description: Donnatal No. 2, antispasmodic-sedative, differs from Donnatal in containing ½ gr. of phenobarbital instead of ¼ gr. Each tablet of Donnatal No. 2 contains hyoscyamine sulfate 0.1037 mg.,

Continued on Page Eighteen

Leaves From A Country Doctor's Diary

January 2—

The New Year came in with a bang. There was the usual lineup of routine patients in the office. Some complained of too much egg nog while others had their usual symptoms of the "High blood."

Mrs. Peters had her little girl in with swollen finger. Her little brother had smashed it with a hammer. Nothing serious, but painful.

Went to the Edwards Farm about 12 miles out on what was thought to be a sick baby. John West's daughter had precipitated in bed before I could get there. Her mother swore that she did not even know her daughter was pregnant. Was her face red? No prenatal care and not even a blood test had been given the girl. Cleaned her up, dressed the baby in some left-over clothes and left them both doing fine.

January 5—Willie Jones came in the ofice all bent over and unable to take a deep breath. Said he was in his pasture and his bull took a sudden disliking to him and bumped him in his ribs. He was hurting, no doubt about that. Carried him to the X-Ray room and did a picture. No fracture discernible but he took a licking from that bull. Sent him home strapped like he had a corset on.

Started out of the office and met my next door business neighbor. He was as barefooted as a jaybird and wanting immediate attention. Said that he was scrubbing a floor and the hot pail of water overturned on his toes. A second degree burn was evident. The temperature was 28 degrees outside but his toes were hot as baked potato so he said.

January 10—2:30 a. m. Mrs. Simpson Blake, a chronic if there ever was one, called and said that an emergency existed at her house. She was talking but said that she was the emergency. It was cold but we went to see the good sister. She had been eating cabbage, sweet potatoes, and barbecue. Man, was her belly tight. When you thumped her on it the sound of kettle drum was as fine as you have ever heard. She said she had the "Gas" and that she felt like she was choking. Gave her some peppermint water, she let loose gas from every direction and gave a sigh of releif. Back home again.

A young couple was waiting to see me when I got to the office. Their C.C. was "We have been maried two months and I am still not pregnant." This was not unusual we explained because there had been instances of this not happening for longer periods than two months. Finally convinced them to be patient.

John Alston's young daughter came in with a mammary abscess of three days duration. It was draining and smelling to high heaven. Made a wide incision and packed it and shot her full of penicillin.

January 15—Jack Richardson called at 7:30 a. m. Said his daddy had cut himself with a hatchet and that he was bleeding. Advised him to meet me at the office immediately. There was no doubt

about the cut and the bleeding. When we took the wrapper from that wound you would have thought that the Tar River was overflowing. Blood was here, there and everywhere. Everytime that we thought that we had a hemostat closing in on that bleeder it would spurt right up in our face. We finally caught up with it, but not until the old gentleman complained of being weak and seeing black spots in front of his eyes. Gave him 250 cc. of 5% dextrose in saline and completed closing up the wound. He went out of the office about two hours later under his own steam.

January 25—Ollie Whitted brought his grandson in today with his left hand wrapped in a towel. His C.C. was "This boy stuck his hand in a cider press." A portion of the distal phalange was protruding through the skin. X-ray revealed that it was completely torn from the remaining portion. We removed the protruding bone, put a zipper on the wound and filled him with penicillin. This was rough because of the jagged condition of the wound. It looked good when it was finally closed.

(To be continued)

THE OLD-TIMERS PAGE

Continued from Page Ten

the finance committee of the Mechanics and Farmers Bank of Durham and Raleigh and a director of this institution. He is one of the pioneer members of The Old North State Medical Society and has served as President of this body. He is a member of the staff of St. Agnes Hospital, member of the Advisory Committee for Selective Service in his area; Chairman of the Executive Committee of the Board of Trustees of Shaw University and serves as Physician to the State School for Blind and Deaf.

Dr. McCauley, the Journal wishes you many, many more years in your pursuit of happiness in the field of medicine and civic good. May God bless you in your every undertaking and may He give you many, many more years of service to mankind.

NEW AND USEFUL DRUGS

Continued from Page Sixteen

atropine sulfate 0.0194 mg., hyoscine hydrobromide 0.0065 mg. and phenobarbital (½ gr.) 32.4 mg.

Action and Indications: Donnatal No. 2 is used in the treatment of numerous conditions characterized by visceral spasm or smooth muscle hyperactivity where additional sedation is desired. Indications include: pylorospasm, spastic colon, peptic ulcer, nausea, mucous colitis, diarrhea and dysentery, billiary colic, ureteral colic, cystitis, enuresis in children, dysmenorrhea, parkinsonism, and selected cases of hypertension.

Dosage: 1 or 2 tablets 2 or 3 times daily, or as directed by physician.

Available: Pale green, compressed tablets in bottles of 100 and 1000.

Source: A. H. Robins Co., Inc., Richmond 20, Va.

Congratulations - - -

Dr. S. J. Cochran, Weldon, N. C., on the reopening of his office following an extended service in the Armed Forces

Drs. G. A. Lowe, R. H. Greene, C. W. Williams, and Roy S. Wynn for their election to membership to the Charlotte Medical Society.

Mrs. J. J. Hannibal, Chairman of the Publicity Committee of the Woman's Auxiliary to the Old North State Medical Society, for the very fine job she is doing in her community in the way of improving racial relations. More about this in the section on the activities of the Woman's Auxiliary.

Drs. D. B. Cooke, Jr., Clyde Donnell, Chas. D. Watts, for the fine program arranged for the annual Lincoln Hospital Symposium. Everyone says that it was "Tops" for information.

We doff our hats also to Mr. William Rich, Superintendent of the Lincoln Hospital, for the cooperation and hospitality of his staff in the use of his facliities for this symposium.

Dr. Edson E. Blackman and Dr. J. M. Walker, Jr., for the fine program arranged for the fall meeting of the John H. Hale Surgical Society in Greensboro during the month of November.

Dr. Catherine Middleton and her colleagues for the splendid start on the program for the 1955 meeting scheduled for Raleigh.

The Charlotte Medical Society for its interest in human relations as shown by its donation of $100.00 to the legal funds of the N.A.A.C.P.

Dr. Y. D. Garrett on the modern remodeling and opening of two branches of the Biltmore Drug Company.

AUXILIARY ACTIVITIES

Continued from Page Fifteen

hibits such things as West Indian basket craft, native dolls, coral and other Carribean items. Other items of interest to children were objects pertaining to Africa which were spread upon a highly painted map of this country. Of special interest to the Auxiliary were two editions of North Carolina History which contained a biography of the late Dr. Charles Hudson Bynum of Kinston whose wife is one of the Auxiliary's most conscientious and active members. Mrs. Bynum is one of the founders of the Woman's Auxiliary to the Old North State Medical Society.

The Carter Woodson club idea has been received most favorably in Kinston and through its interracial activities it has done a tremendous job in combatting racial prejudices. This Auxiliary was represented on a civic forum sponsored by the Citizens Welfare League.

ance with the recent Supreme Court Ruling on Segregation which was Planning Committee meeting of the Southwide Conference on Compli-

Mrs. J. J. Hannibal of the Kinston Auxiliary recently attended the held in Atlanta, Ga. While in this city she was guest of the Atlanta Auxiliary and the National President-Eelect, Mrs. McLendon.

HIGHLIGHTS OF BUSINESS SESSION

Continued from Page Eleven

Dr. Blackman expressed an unreadiness. He thought that the ladies should run their own organization without taxing us and thought that we should advise the ladies by letter that they should operate within their own budget.

Dr. Dawson expressed an unreadiness. He stated that the auxiliary representative had met with the executive board, and had been advised to submit a formal request for aid to that body.

Dr. Malloy then withdrew his motion.

Dr. Y. D. Garrett asked if this $50.00 requested, referred to money still to be allocated, and was informed to the contrary. He then advised the ladies to get the money from their husbands (meaning us).

There was much further discussion of the matter of the $50.00. However, the whole thing was referred to the executive board upon a motion by Dr. W. T. Armstrong, but Dr. Hampton suggested that the matter could be handled better by a budget committee. Dr. Armstrong re-stated his motion so that the matter was referred to the budget committee.

The report of the Nominating Committee with Dr. Hogan as chairman was submitted as follows:

President Elect ..... Dr. Rudolph Wyche

Vice President ..... Dr. Nelson Perry

Secretary-Treasurer ..... Dr. F. E. Davis

Recording Secretary ..... Dr. M. D. Quigless

Secretary-Treasurer Emeritus ..... Dr. Clyde Donnell

The Executive Board:

Dr. James Jones of Elizabeth City

Dr. J. D. Quick, Jr., of Durham

A motion of acceptance by Dr. Garrett was seconded by Dr. Hogan.

Dr. H. D. Malloy had an unreadiness. He thought that the entire affair resembled a "wheel within a wheel." Dr. Hogan assured Dr. Malloy that nominations could still be made from the floor without any show of disrespect.

The motion that the entire slate be accepted and voted on as a whole was passed by a vote of 28 for and 9 against.

Dr. Malloy expressed his disapproval of the allocation of $100.00 to the delegate attending the National Convention. There was some discussion of this matter. Dr. Armstrong nominated Dr. F. E. Davis as our delegate to the N. M. A.

Dr. Jones nominated Dr. Walter Hughes.

Dr. Green nominated Dr. La Suer.

Dr. Hampton suggested that all three men be sent to N. M. A. as

delegates. Dr. Rann moved that all three men be sent as delegates—motion passed by voice vote.

The installation of officers was carried out on June 3rd, just before the close of the meeting.

The retiring president, Dr. Cleland, thanked the body for its cooperation. The new officers were installed by Dr. Hogan.

Dr. J. S. Simmons, newly installed president, thanked the body for electing him, and asked for cooperation in carrying out the work in this critical period of world affairs. He reminded the body that we are still fighting for full integration, and pledged to continue the fight with the same zeal as has been exhibited by Dr. Cleland.

He named Dr. Hampton to head the budget committee. The report of the obituary committee was heard, reminded us of the passing of the following members:

Dr. J. A. Battle

Dr. Max King

Dr. J. Bustie Davis

Dr. Martin

A memorial prayer was offered by Dr. H. D. Malloy. Dr. Hogan arose to thank the Winston Salem group for the wonderful time that they had shown us. Dr. Simmons thanked Dr. Joe Walker for the excellent arrangements made for our meeting.

Dr. Walker thanked the body for coming to Winston Salem, and suggested that Dr. Rann be given an expense account to aid him in carrying out his work as chairman of the committee on exhibits.

Dr. Hogan asked for a round of applause for Dr. Rann.

Dr. Matthew Walker was asked to make a few remarks. He thanked the body for the privilege of having been present and urged us to atend the N. M. A. meeting in Washington.

The body then heard Dr. Frank Locke discuss "The Management of the Third Stage of Labor, and Post-Partum Hemorrhage. After which the meeting was adjourned.

M. D. Quigless, M. D.
Recording Secretary

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Cardiovascular Emergencies, Their Diagnosis and Treatment

PAUL D. CAMP, M.D.,
Richmond, Va.

The prompt and correct diagnosis of cardiovascular emergencies and their proper treatment are among the most common problems confronting the general practitioner. In discussing this problem with you tonight, I shall try to deal with the situations as it has been my custom in the private practice of cardiology. In some instances where my experience has been rather limited, I shall rely upon the opinion of those who have had greater experience with a given method or a specific drug.

The arrhythmias are perhaps the most common cause of acute concern in patients with and without cardiac disease. Even patients who have normal hearts, and who are generally emotionally quite stable, may be quite upset and frightened by the occurrence of an arrhythmia and there may be symptoms, such as precordial aching or severe pains, vertigo, syncope, vomiting, and at times, congestive failure, if the heart is extremely rapid over a long period of time. Of course, the most serious disturbance of the circulation occurs with the ectopic arrhythmias with rapid rate—the paroxysmal tachycardias—and the time of the change from one mechanism to another, as from a tachycardia to a complete heart block, when there might be a ventricular standstill of varying lengths of time.

The paroxysmal tachycardias include paroxysmal auricular flutter, paroxysmal auricular fibrillation, auricular, nodal and ventricular tachycardia and ventricular fibrillation. Any of these tachycardias may revert to normal sinus rhythm within a short time or they may persist for hours, or at times days, thereby causing severe disburtance in the circulatory dynamics and perhaps death due to congestive heart failure, or coronary insufficiency, or myocardial ischemia. According to Henderson and others, a change from a rate of around 80 to 130, usually increases the minute volume output, for, despite the fact that ventricular and stroke volume may be decreased, the product of heart rate and stroke volume is increased. When the rate is between 130 and 180, however, no further increase in minute volume occurs, and with further increased cardiac rate, total minute volume is actually reduced. This may result in cerebral anoxia, fainting or convulsions, as well as myocardial ischemia mentioned above. If the tachycardia persists, there may be further decrease in cardiac output with shock and failure. One interesting example of this was described quite a few years ago by Paul White and me, i.e., cases of status anginosus, resembling coronary thrombosis, but precipitated by paroxysmal tachycardia and relieved as soon as the paroxysmal tachycardia was controlled; our cases had the usual Heberden's angina of effort between attacks of tachycardia. During, and at times for hours after, an attack of paroxysmal tachycardia, the electrocardiogram may show the typical RS-T and T wave changes of coronary insufficiency. In fact, this is a wonderful test of the sufficiency of a patient's coronary arteries.

The supra ventricular tachycardias, auricular or nodal tachycardia and auricular fibrillation and auricular flutter, may occur in a normal or an abnormal heart. They may be precipated by emotional disturbances, especially sudden ones. These arrhythmias occur most often in association with rheumatic or arteriosclerotic heart disease, and a recent study points out that the basal metabolic rate is normal in over 85% of cases of supra ventricular tachycardia. Ventricular tachycardia almost always is an indication of organic heart disease and is not an infrequent complication of myocardial infarction and adds gravity to the prognosis.

Since in many cases of supra ventricular tachycardia, the rhythm will revert to normal after a relatively short time, it is not always necessary to institute treatment at once and simple reassurance may be all that the patient needs. All cases should be carefully watched, however, for failure or shock may develop rather suddenly. I believe it is wise to start therapy in cases of ventricular tachycardia as soon as a definite diagnosis is established, for, as already noted, this type of tachycardia almost always occurs in patients with organic heart disease and further strain on the already damaged heart may be harmful or even disastrous.

Certain general measures may be of value in the treatment and prevention of tachycardias. These are rest, sedation and the avoidance of tobcaco, alcohol, caffeine and emotional upset. I have one physician friend-patient, who used to go to football games and perhaps indulge in all of the above, and then come home and have paroxysmal auricular fibrillation, which, fortunately, was quickly controlled by quinidine. I am sure that there are many people who would rather risk an occasional bout of transient paroxysmal tachycardia, than to have to abstain or refrain from some of their greatest pleasures. Overeating or eating certain food will bring on an attack in certain individuals.

Before attempting to institute any specific therapy, a correct diagnosis, at least as to whether the tachycardia is supra or infra ventricular, is essential. I might add here that in some cases the only way to be absolutely certain is to have the help of the electrocardiogram. Unless the exact mechanism of the tachycardia has been shown to be due to ventricular tachycardia or auricular fibrillation, it is worthwhile to try to terminate the attack by pressure on the carotid sinus or eyeballs or by causing the patient to gag by means of mechanically stimulating the pharynx with a feather. Pressure over the carotid sinus is applied with the patient in the prone position and with the head turned away from the side to be stimulated. The site to be pressed is recogized as a pulsating area which is painful to pressure at the the angle of the jaw. The right carotid sinus is more sensitive than the left. Pressure should be applied on first one side, then the other, not both sides at once, and not over ten to twenty seconds at the time, especially in older people; it should be stopped sooner if slowing of the heart rate occurs. Cases of syncope, convulsions and even hemiplegia have been reported following this procedure. Certain drugs, such as Mecholyl or Lanatoside C, augment the carotid sinus effect which others, such as Benzedrine, Epinephrine, Neosynephrine and large doses of quinidine may inhibit the effect.

Eyeball pressure, according to Sam Levine, stimulates the oculo-

cardiac reflex and produces inhibitory effect upon the auricular muscle and atrial ventricular conduction. Pressure for twenty or thirty seconds is applied over both eyeballs simultaneously, the finger pressing on the closed eyes below the supra orbital ridge and not over the cornea. Some patients may respond to this method of treatment, but not to carotid sinus presure.

AURICULAR FIBRILLATION

Auricular fibrillation is the most common arrhythmia of serious import. In this section it occurs most frequently in patients who have arteriosclerotic heart disease and, secondly, in patients with rheumatic heart disease. However, it frequently occurs in patients with thyrotoxicosis and in such circumstances it is very difficult to control the ventricular rate or revert the rhythm to normal sinus until the thyrotoxicosis has been controlled. Occasionally the strain thrown on a relatively normal heart by pneumonia and other febrile disease or by extreme physical exertion will set off auricular fibrillation in a relatively normal heart.

While working with Sir Thomas Lewis, I thought the circus movement mechanism of auricular fibrillation was a fact, not a theory. However, when I went over to Vienna and worked with David Scherf, I became acquainted with the theory that both auricular fibrillation and auricular flutter are the results of stimuli arising in a single, exciting ectopic focus. According to the latter opinion, all auricular arrhythmias have a similar mechanism, the only difference between them being the number and frequency of impulses arising from a single focus. Printzmetal and his co-workers have thrown a great deal of support to this theory.

Paroxysmal auricular fibrillation usually starts suddenly, and the ventricular rate ranges around 130 to 170 and the rhythm is, of course, totally irregular. There is a pulse deficit and, of course, the intensity of the heart sounds varies a great deal. Practically speaking, a rhythm that on ausculation appears totally irregular, associated with a ventricular rate of above 130, may be considered as due to auricular fibrillation and treated as such, even without electrocardiographic confirmation.

There are, in general, two main methods of treatment of paroxysmal auricular fibrillation, not associated with thyrotoxicosis or active rheumatic myocarditis. The choice rests between the use of digitalis or quinidine or the combination of the two. If the case has been proven by electrocardiogram to be due to auricular fibrillation, the reason for electrocardiographic proof is to rule out cases of ventricular fibrillation, very frequent ventricular premature contractions alone, or combined with ventricular tachycardia, in which digitalis would be contraindicated. I personally should be inclined to use digitalis first, for, at times the rapid rate may rather suddenly cause failure and/or shock. The above applies especially to patients with definitely demonstrable cardiac damage and to patients seen for the first time and in which the status of the cardiovascular system is uncertain.

Digitalization may be accomplished by various methods, using various types of digitalis preparation. I believe that each doctor should thoroughly familiarize himself with one standard oral method and one standard intravenous method, and then stick to one or the other of these unless some unusual situation arises.

If a patient is seen with paroxysmal auricular fibrillation and a rapid ventricular rate who has not been on digitalis and who is not in failure or shock, then I would be inclined to digitalize the patient orally, using Digitoxin, starting with milligrams 0.4, and repeating this again in four hours, and again in four to six hours, and if the ventricular rate were satisfactory, say 70 to 90 per minute, I would switch to whole leaf digitalis preparation, giving on the average of grains one and one-half daily. Digitoxin has the advantage of acting quickly even when given orally. However, it has the disadvantage of being excreted slowly and hence it is more likely to cause some untoward reaction, especially nausea and vomiting, which may persist. Some people prefer Digoxin, a glycoside of digitalis lanata. It has the advantage of being a pure substance of definite composition and is almost completely absorbed from the intestinal tract. Furthermore, it is eliminated rapidly and hence it is less apt to cause toxic effects, such as may occur with Digitoxin. The dosage required for digitalization varies a great deal from person to person and the dose must be adjusted for each individual. The digitalization dose of Digoxin varies from 1.5 milligrams to 5.0 milligrams. An initial dose of 1.0 to 1.5 milligrams may be tried and then 0.5 milligrams every six hours until the desired ventricular rate is obtained. The maintenance dose also varies from 0.25 to 0.75 milligrams daily and, again, I would prefer to switch to whole leaf digitalis.

If there were any doubt about the existence of failure or the possibility that the patient had been partially digitalized, I would use Lanatoside C (Cedilanid) intravenously. I have found this drug exhibits less toxic effect and it is excreted fairly rapidly; furthermore, it seems to me more likely to cause certain supra ventricular tachycardias to revert to normal rhythm. The initial intravenous dose may be one-half of the total digitalization dose, i.e., milligrams 0.8, and then followed in four hours with milligrams 0.4, and in another four hours with milligrams 0.4, or in less urgent cases milligrams 0.4 may be given every four hours for four doses. In urgent cases the whole digitalization dose of milligrams 1.6 may be given at one time and I have never seen any ill effects from this.

Whole leaf digitalis may be used; however, its action is slower, and again, I would prefer obtaining digitalization with one of the more rapidly acting drugs, and starting the patient on whole leaf maintenance dosage.

When the ventricular rate has returned to around 80, and if the auricular fibrillation persists, the use of quinidine sulphate may be considered, or it may be decided to use quinidine initially; in either case, the administration of the drug could be the same. Again, there are various methods of giving quinidine. It seems reasonable to acquaint oneself with a given method and stick to it unless contraindication arises. I usually use the following: Give the patient a test dose of quinidine, grains three, and if no untoward symptoms develop, then give quinidine sulphate, grains six, every two hours for five, six or even seven doses, if normal rhythm is not restored before. I hasten to add that I use the above procedure only on patients in the hospital and that I insist that the intern check the patient, especially the rate and rhythm at the apex, before the administration of each dose. If the patient is treated in the home, then perhaps we could give, after the test dose,

grains three every three hours, and if this did not secure the desired results, we might try grains six every three hours during the day. When the rhythm has been restored to normal, the dose is reduced gradually and after a period of a week or so it may be left off; on the other hand, if there is a tendency for any arrhythmia to recur it may be necessary to continue a maintenance does of grains three, three times a day or every four hours, or this may be increased to six to nine grains, three times a day or every four hours, depending on the individual case. In reducing dosage, I usually taper off with grains three, every two hours for a day, then grains three, every three hours, and then perhaps grains three every four hours. Quinidine, if used properly, is a safe and good drug. If not used properly, the results will be poor and it must be remembered that in contradistinction to digitalis, quinidine has practically no accumulative effect and is rapidly excreted, so give what is needed to get results, no more and no less. The most common premonitory signs of over-dosage may be grouped under "cinchonism," and include tinnitus, deafness, headache, blurring of vision, nausea and vomiting, abdominal cramps and diarrhea. If given rapidly intravenously, there may be respiratory depression, convulsion and cardiac standstill, from which death may result. Quinidine may produce certain electrocardiographic changes, the most common being widening of the Q-T interval; this is due to widening of the R-T interval and only occasionally to widening of the QRS complex, and when the latter occurs it indicates a toxic effect and careful watch should be maintained and perhaps the quinidine discontinued.

Intramuscular quinidine has been used but I see no definite need for it in auricular fibrillation.

Pronestyl has been used with good results by some in treating acute paroxysmal auricular fibrillation, but I prefer to save it for ventricular tachycardia and will discuss it there.

If digitalis is judged to be the cause of auricular fibrillation or other tachycardia, the use of potassium chloride or acetate given orally must be considered, and it is reported to eliminate the arrhythmia within thirty minutes. It may be given in doses of two to ten grams of a 20% solution in syrup of citric acid.

The treatment of auricular fibrillation, due to thyrotoxicosis, is first the treatment of the thyrotoxicosis and then the auricular fibrillation by one of the methods described below.

AURICULAR FLUTTER

The exact mechanism of the auricular physiology in auricular flutter differs in the two schools of thought as discussed above concerning auricular fibrillation. In auricular flutter the auricular rate varies between 250 and 350 but the auricular rhythm is usually regular. The ventricular rhythm is usually regular and may vary from 125 to 180, often it is 160, and I think that a fixed rate of 160, i.e., one not influenced by position(movement, etc., is very apt to be associated with auricular flutter. The ventricular rate may vary quickly and the rhythm may change quickly due to varying degrees of auricular-ventricular block. Sometimes auricular flutter may be distinguished from auricular fibrillation by detecting regular venous pulsations in the neck at a rate of around 250. Often we have to rely upon the electrogardiogram for the final diagnosis, and if there is a complicating bundle

branch block it may simulate ventricular tachycardia. Carotid sinus pressure may cause a sudden change in the ventricular rate, say from 160 to 80, i.e., exactly doubling the block, and this may return suddenly in a short time to 160. In auricular tachycardia the rate may drop from, say 200 to 70, and stay there.

The accepted treatment of auricular flutter is the use of digitalis, for, as has been stressed since Sir Thomas Lewis' original work in 1911, digitalis often will convert auricular flutter to auricular fibrillation and then the rhythm will become normal after the drug is discontinued. The method of digitalization of choice depends upon the urgency of the case and the same principles should be followed as discussed above under treatment for auricular fibrillation. If sinus rhythm does not occur within a relatively short time, say three to four days after leaving off the digitalis, then, quinidine may be given orally as described above. Some cases of flutter persist despite digitalization to the point of nausea and despite full doses of quinidine. If the ventricular rate is 80, for example, because of a 4:1 block, I think the patient may be watched along and the rate and the rhythm may stay the same for years.

AURICULAR AND NODAL TACHYCARDIA

Auricular and nodal tachycardia can be distinguished only by the electrocardiogram and sometimes not then. The treatment of these conditions is accepted as being the same. However, it is my clinical impression that auricular tachycardia will revert to normal rhythm more quickly with the usual treatment. These tachycardias do not necessarily indicate organic heart disease and are more frequently functional, and may be brought on by excessive use of tobacco or alcohol, infections, thyrotoxicosis, gaseous indigestion, emotional upset, and the like. The individual episodes may be very short lived and the patient may have three to four or seven to eight attacks of very short duration every day or so for many years. Many patients have learned how to stop their individual attacks by various maneuvers which stimulate the vagus nerve, for example, holding the breath, coughing, vomiting, drinking ice water, lowering the head over a bed, and even standing on the head. In trying to establish the previous existence of attacks, it is important (as in every cardiac case) to take a detailed history, with special emphasis on whether or not there was a sudden onset and sudden cessation of the rapid palpitation or fluttering of which the patient complains. There may be a sensation of irregular palpitations at the beginning and ending of the episodes in cases which have premature contractions or extra systoles at this time. The attacks usually start very suddenly with a ventricular rate of about 180 to 220 per minute. The ventricular rate is usually faster than in flutter and there is no change in the rate associated with change in position, exercise, etc. The rhythm is usually absolutely regular, whereas in ventricular tachycardia there is often a very slight irregularity sufficient enough to cause slight changes in the intensity of certain sounds.

The episodes may cease quickly and if the person has a normal heart there is not great haste about trying to stop the attack. Rest and relaxation are important, a mild sedative such as Seconal may help. When first seen by the doctor it is certainly wise to try carotid sinus pressure and/or eyeball pressure as described above in detail. If these measures are not successful and if the patient is not already fully digitalized, the treatment method of choice, in my opinion, is the intravenous administration of Lanatoside C, giving 1.2 milligrams or even 1.6

milligrams. Often within ten to thirty minutes the rhythm and rate return to normal. Other methods of digitalization may be tried. If Cedilanid is not used, then quinidine sulphate may be used, again giving grains six every two hours and checking the patient before each dose.

Syrup of ipecac, four to eight cc. by mouth, will often cause vomiting and thus stop an attack. It is unpleasant.

Mecholyl (acetyl beta methylcholine) has been used to some extent and is helpful in treating supra ventricular tachycardia. I rarely use it now. It may produce severe nausea, vomiting, diarrhea, severe precordial pain and occasionally collapse and shock, and deaths have been reported. It is given subcutaneously in doses of twenty milligrams and this may be repeated in twenty to thirty minutes. It is always imperative to have atropine sulphate, grains 1/60 to 1/30, to be given intravenously for relief of the serious untoward symptoms. Acetylcholine is a similar drug with less side effects. Neostigmine given in doses of 1.0 milligrams intramuscularly is also a useful drug for this purpose.

Neosynephrine given intravenously in doses of 0.5 to 1.0 milligrams reportedly often stops an attack within ten to thirty minutes. It produces a rise in blood pressure, stimulation of the cardio inhibitor fibers in the aortic arch and carotid body and reflex cardiac slowing. The blood pressure usually returns to normal in ten minutes. Obviously it should not be used on patients who have a high blood pressure during the attack.

Pronestyl has also been used and is occasionally helpful.

VENTRICULAR TACHYCARDIAS

Ventricular tachycardia, of these ectopic paroxysmal ventricular tachycardia is, of course, the most common; ventricular fibrillation, at least recognized as such clinically, is rather rare. However, it is believed that terminal ventricular fibrillation is frequent as a cause of death, particularly following myocardial infarction. Whereas the supra ventricular tachycardias are often functional, ventricular tachycardia usually is indicative of, and associated with, severe organic heart disease. It is not an uncommon complication of myocardial infarction and may occur under various conditions in people with organic heart disease, for example, marked physical strain, pneumonia and other febrile diseases. The onset is usually sudden, although the electrocardiogram beforehand may show frequent or short runs of ventricular premature contractions. The rhythm is practically regular but may not be absolutely regular at times. The rate varies from 140 to 180 to 200, usually nearer 200, and the rate is not changed by position, etc. The symptoms, in addition to apprehension, palpitations, throbbing in the neck, etc., may be those of coronary insufficiency, substernal aching and/or cerebral anoxemia and/or circulatory failure and shock. Before starting definitive and specific treatment in a patient suspected of this condition, an exact electrocardiographic diagnosis must be established, for, whereas digitalis is usually indicated in auricular or nodal tachycardia, digitalis is contraindicated in ventricular tachycardia; it may initiate ventricular fibrillation in the already irritable myocardium. It must be remembered that digitalis often causes premature contractions and, if digitalis were discontinued in these case, especialy if the ventricular contractions arise from several different foci, there would be less frequent ventricular tachycardia.

The mechanical measures of carotid sinus pressure and or ocular pressure will not be helpful.

Quinidine still deserves the first trial in the treatment of ventricular tachycardia, as it usually causes the tachycardia to revert to normal when given orally. Occasionally the oral method does not stop the attack and in such cases quinidine may be given intramuscularly or intravenously; however, rather than use quinidine by these methods, I would prefer intravenous Pronestyl. Oral quinidine may be started on the grains six, every two hours, schedule, checking the patient, of course, before each administration. If the patient remains in good condition, but the attack persists for over six to eight hours, it may be necessary to give grains nine, every two hours. In the old days even larger doses were given; however, if one failed to get desired results with the above, it would be wise to switch to Pronestyl.

Procaine amide (Pronestyl) is a direct myocardial depressant. It is supplied in 250 milligrams capsules for oral use and in ampules containing 100 milligrams per cc. for intravenous use. If the oral route is used, 500 milligrams every three or four hours may be tried. However, if the attack is not stopped within a few hours, or if the patient is not doing well, I would switch to the intravenous route. When I give Pronestyl intravenously, I have a nurse or intern take the blood pressure as near as continuously posible and at the same time I have an intern or technician take the electrocardiogram, preferably on a direct writing machine; however, with practice one can watch the string shadow and guess pretty well what is going on. The change in the rhythm may be quite sudden and occur within twenty, thirty or sixty seconds after the start of the intravenous medication, or there may be further widening of the QRS complex and in either incidence the Pronestyl should be stopped at once. Pronestyl generally causes no serious reactions; however, a marked sudden drop in blood pressure may occur, resulting in temporary shock or even a cardiac standstill. Neosynephrine, one to five milligrams intramuscularly, has been recommended to counteract this reaction. Fortunately, so far I have not had to use the Neosynephrine. The pronestyl is injected at the rate of 100 milligrams, or 1 cc. per minute, no faster, a careful watch being kept on the blood pressure and the electrocardiogram, and the whole 10 cc., or one gram, may be given in ten minutes if the attack doesn't stop and if there is no further widening of the QRS. Again, may I point out that as soon as the ventricular tachycardia ceases, the injection should be stopped. If the attack continues, the above procedure may be repeated every thirty to sixty minutes until the attack stops.

We have had very good results with Pronestyl intravenously and have used it in about fifteen cases of ventricular tachycardia and in no case had it failed to stop the attack. The results have been quite dramatic, and I feel sure that in one or two cases Pronestyl has actually been a life saving measure. One case, a man in his sixties, had had a recurrent myocardial infarction and had a ventricular tachycardia and his pulmonary oedema was getting progressively worse, and if ever a man apparently rapidly was approaching a lethal exodus, this one was. Pronestyl was given intravenously, his ventricular tachycardia reverted to normal rhythm and he rapidly improved and survived this attack.

Magnesium sulphate has been used in the past, given intravenously, ten to twenty cc. of a 20% solution. Potassium salts (e.g., potas-

sium chloride, enteric coated tablets, in doses of 1 to 5 grams two to four times a day) have been reported to be particularly efficacious in ventricular tachycardia due to digitalis toxicity.

Ventricular fibrillation is rarely diagnosed clinically as the patient usually dies rather quickly or the rhythm changes. Clinically, it is very like Stokes-Adams syndrome due to cardiac standstill. If possible, an electrocardiagram should be obtained during the attack and, if the patient survives and has recurent similar episodes, it is reasonable to assume that these too are due to ventricular fibrillation. Intravenous quinidine, as quinidine lactate six to nine grains, should be given at once and, although there is danger in this route of administration, the disease is often fatal and the chance worth taking. Pronestyl should be of definite help, although I personally have not tried it.

Complete heart block with sudden failure of idioventricular pacemake and asystole is a common cause of Stokes-Adams syndrome, although a change from one rhythm to another may cause asystole and Stokes-Adams. Adrenalin is the immediate treatment of choice. In extreme cases in shock it may be given intravenously or directly into the heart. In the usual case, one-half to one cc. of 1:1,000 solution of adrenalin should be given hypodermically. This may be repeated as necessary if the attacks recur and are severe. Adrenalin in oil, one cc. may be given every twelve to twenty-four hours after the initial dose of adrenalin if the attacks tend to recur; likewise, Ephedrine sulphate, grains one-half, three to five times a day may be used.

A very interesting and perhaps far reaching paper was presented at the American Heart Association meeting in April by Zoll et al., on "External Electric Stimulation of the Heart". "Electric impulses externally applied across the intact chest produced effective hearts beats in humans with idioventricular rhythm and in humans and dogs with ventricular standstill. The effective electric stimuli are monophasic rectangular waves, 2 to 20 milliseconds long, and 40-150 volts in intensity. This method of external electric stimulation therefore provides an externally controlled supraventricular or ventricular pacemaker, discharging at any desired rate and behaving like a natural, intracardiac parasystolic focus. It can be used to study cardiac arrhythmias. It has also been used successfully to arouse the human heart from ventricular standstill, and to keep it beating as the sole pacemaker over a period of 5 days, until the intrinsic idioventricular pacemaker revived spontaneously."

I have not seen the machine as yet, but it is apparently rather simple and should be useful.

Time does not allow a discussion of the pathogenesis of cardiac failure, nor will I bore you with a description of paroxysmal nocturnal dyspnea (cardiac asthma) or the more severe acute pulmonary oedema.

When the patient is seen with cardiac asthma, the first thing to do is to get the patient up on the side of the bed or in a chair; this will often cause relief. If not, then I think morphine sulphate, grain ¼, and atrophine sulphate, grain 1/100, may be given by hypodermic and often there is quick relief. Aminophyllin may be given intravenously or by mouth or by suppository. Since the occurrence of cardiac asthma is evidence of left ventricular failure, I believe these patients should be digitalized or kept on a maintenance dose. If the patient is seen in

acute pulmonary oedema or progresses to acute pulmonary oedema, then certainly morphine sulphate should be given intramuscularly at once, or if the pressure is low and the patient is in shock it may be given intravenously. I prefer atropine with morphine.

If oxygen is available it should be started at once, using the emergengy mask and then switching to nasal oxygen or the tent. Intravenous aminophyllin grains 7½ should be given at once, but administered slowly. Then if the patient has not been on digitalis some form of quick acting digitalis should be given. I prefer Cedilanid given intravenously in a full 1.6 milligram dose. Strophanthin K or Strophanthin G (Quabain) milligrams 0.25 intravenously may be used. In either case the patient should be digitalized immediately after the acute attack, the rapidity and method of digitalization depending upon the progress of the individual case. I think it is wise to use one of the mercurial diuretics intravenously, and I personally give Mercuzanthin 2 cc. intravenously as soon as the digitalis has been given. So called bloodless phlemotomy by use of tourniquets may be of help. The tourniquets are placed on three extremities using sufficient pressure to occlude veins, but not arteries. They are rotated every fifteen to twenty minutes. If the patient doesn't improve in thirty to forty minutes, and if there is no evidence of anemia, 500 to 800 cc. of blood should be withdrawn from a vein quickly and the result may prove dramatic.

Just a word about angina pectoris or paroxysmal coronary insufficiency. The treatment, of course, is nitroglycerine or, at times, amyl nitrite for the immediate eposide. Prevention of attacks cannot be taken up here.

The most important thing in treating coronary occlusion with myocardial infarcation is first to relieve the pain. If the pain is not severe, Demerol 50 to 100 milligrams may be given hypodermically. However, many cases require morphine sulphate ¼ grains and again I use atropine sulphate. If this does not relieve the pain in twenty minutes, or if the pain seems to be getting worse, then the same dose may be repeated and occasionally it may be necessary to give morphine sulphate intravenously. I have found that "H.M.C." often relieves pain when morphine sulphate and atropine fail, or, at times, if the patient has had morphine sulphate grains ½, I might give hyoscine hydrobromide grains 1/200 to grains 1/100. Oxygen by emergency mask or by tent should be given certainly in all patients who continue to have pain and, in fact, I believe it is wise to give it in practically all cases. Intravenous aminophyllin grains 7½ often helps relieve pain and is certainly indicated in patients who show any tendency toward left side failure and cardiac asthma. Some doctors use quinidine routinely in cases of myocardial infarction; I don't believe this is necessary; however, if any irregularity of the heart develops, such as premature contractions, I would use quinidine; so, also, if digitalis is to be given to that particular patient. The ectopic tachycardias should be treated as previously discussed. Some time ago it was considered unwise and dangerous to give digitalis to patients who had had an acute myocardial infarction. I believe this opinion has changed and if such a patient begins to have failure and if this is not relieved immediately by a salt free diet and mercurial diuretics, it seems wise to me to digitalize the patient. I believe it is wise to give quinidine, as noted, and unless the situation is urgent, rapid methods of digitalization need not be used.

Morphine is the drug of choice for relief of severe pain of coronary occlusion, but it has certain untoward side effects at times, such as nausea and vomiting, constipation, distention and depression of the renal function. Therefore, after the initial dose, or as soon as possible, it is wise to switch to Demerol 50 to 100 milligrams. Dilaudid grains 1/12 to 1/24, is a good drug and Pantopon is liked by some.

The most serious frequent complication of coronary occlusion is shock. This shock is due to a sudden failure of the heart to pump blood into the tissue. It is a fall in cardiac output and is not due to blood loss or to decrease in venous return. This so-called cardiogenic shock results from, in part, myocardial weakness connected with the infarction. However, I feel this is not the sole cause and there are certain reflexes which are poorly understood but which nevertheless play an important part in this phenomena. This shock may occur suddenly, or there may be a drop of blood pressure over a period of several hours until it gets to 80 or below, systolic. Theoretically, transfusions or intravenous fluids are not indicated, and, in fact, may lead to further increase in venous pressure and congestive failure. Actually, however, this danger of inducing failure is not so great, as has recently been proven. Intra arterial infusions have been used, but I have not had personal experience with these. Neosynephrine in doses of 3-5 milligrams intramuscularly may be tried and repeated every two or three hours. Masters and Griffin have used ACTH and Cortisone, but without good results so far. At the present time I believe the best treatment for this type of shock is the use of Norepinephrine. Sampson et al, and Griffiths et al, reported good results with this procedure. We use essentially the same technique as Sampson, and is as follows: "The agent was diluted in 5 per cent glucose Ringer's solution, or other suitable menstruum. Usual initial dilution was 4 milligrams of the bitartrate monohydrate (Levophed) per liter. This was administered intravenously at rates varying from 4 to 80 drops (0.001 mgm. to 0.02 mgm.) per minute as necessary to maintain the blood pressure at appropriate levels. The concentration was increased to 8, 12 and even 16 milligrams per liter when adequate response was not obtained at lesser concentrations and to restrict parenteral fluid intake. Withdrawal was accomplished very gradually by decreasing the rate of infusion and often the concentration. Therapy was continued as long as necessary. The important thing in treatment of shock is time if the blood pressure of a previously normotensive drops to 100 systolic or below, or if a hypertensive drops to 110 systolic or below, and doesn't start back up in two hours treatment should be started."

Anticoagulant treatment should, in my opinion, be started on all cases of proven myocardial infarction unless there are definite contraindications in the individual patient. If a peripheral embolism occurs the treatment varies with the site of the embolus and the time that a patient is seen. Intra arterial papaverine 50-100 millegrams every four hours, given proximal to the occlusion, may be helpful. Likewise, intra arterial Priscoline, 50 milligrams every four to six hours, has been of help. Various ganglionic blocking agents have been used, e.g., C5 (bistrimethyl-ammonium pentone dibromide). I have had no experience with this. Embolectomy is the treatment of choice if a large artery is blocked and a competent surgeon can be obtained in eight to seventeen hours. Dr. Donald Daniel recently removed a beautiful saddle embolus at the aortic bifurcation and the patient got along beauti-

fully and is still alive—patient of Dr. Stewart Gilman.

Just a few words about syncope which occurs in many conditions and usually in patients who do not have organic heart disease. Neurogenic or vaso depressor syncope is the most common and is produced by a reflex peripheral vasodilation and may be brought on by fright, pain, emotional upsets, etc. The usual treatment is simply to get the patient's head below his body. If clonic twitches occur, adrenalin .5 cc. 1:1000 col. hypodermically may be needed.

A hypertensive carotid sinus may be the cause of fainting in some patients. If the diagnosis can be established, the patient should be warned against things which will stimulate the sinus—tight collars, etc.—and it is reasonable to try ephedrine sulphate, grains ½, three times a day, or Paredrine, 60 milligrams, three times a day, or atropine sulphate, grains 1/200, three times a day.

Postural hypotension at times causes syncope, and the treatment depends on the cause if it can be found.

Hypoglycemia may also cause syncope and the treatment depends on the cause of the hypoglycemia.

Emergency treatment may be required during the acute stage of rheumatic fever and rheumatic pancarditis, because of the occurrence of pericarditis, congestive failure and arrhythmia. The latter two have been dealt with in general. If the patient with pericarditis develops an effusion enough to cause a tamponade, then a pericardial paracentesis should be done at once, and it may be life saving. Apparently ACTH and Cortisone are useful in the treament of the acute severe stage of rheumatic fever. The exact mode of action is not known and the question as to whether or not the ultimate progress and course of the disease is influenced has not, in my opinion, been proven. Nevertheless, since these drugs apparently can tide the patient over the very acute phase, their use is worthwhile. ACTH may be given somewhat as follows: 25 milligrams every six hours for six days, then a daily dose of 60 milligrams for seven days, then 40 milligrams for two or three weeks. Cortisone in a single daily dose of 200 milligrams may be given intramuscularly, or, if it can be given orally, it is more effective and can be given 75 to 100 milligrams every six hours for about the same length of time.

Finally, hypertensive encephalopathy and crisis may occur in the course of essential hypertension, malignant phase usually, or in acute nephritis, or in pheochromocytoma. These attacks, if they persist, may at times be helped by intravenous magnesium sulphate SO4, 20 cc. of a 10% solution, or by withdrawal of spinal fluid, or by 50 cc. of 50% intravenous dextrose. Quite effective is the use of hexamethonium chloride, intravenously, starting with 5 mgm, then giving 5 mgm every two to three minutes until the desired drop in blood pressure has occurred. Another person must be on hand to record the blood pressure as the drug is given. If the blood pressure drops below the desired level, elevation of the foot of the bed will aid recovery of adequate blood pressure levels. On the other hand if no drop occurs, the effect may be potentiated by the head up position. It must be emphasized that this is an extremely powerful drug, and must be given cautiously. If the crisis is proved to be due to a pheochromocytoma the tumor should, of course, be removed.

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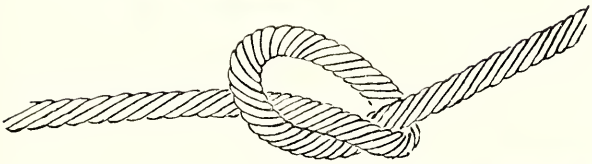

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FOREWORD

The Editorial Staff of the Journal appreciates tremendously the cooperation that it has received from the secretaries of the various local societies throughout its existence. We wish to apologize to members of the Auxiliary for omitting our regular section concerning its activities in this issue, but in spite of efforts of the editor to get some materials for publication from its President we were given absolutely nothing in the way of activities of the auxiliaries scattered throughout the State. We believe that we are safe in saying that many of the auxiliaries are busy working on some civic activity in their particular localities. We would like to publish these activities but unless you let us know we have no way of knowing about them. This issue also marks the first paper that we have had from any of our members and already we have on hand another paper for use in the June issue. We want to extend our thanks to these contributors and we earnestly ask for more of them.

The Journal of the Old North State Medical Society

EDITORIAL STAFF

Published in Rocky Mount, N. C., four times yearly—October, December, March, June

W. T. Armstrong, M. D. ..... *Editor-In-Chief*
E. L. Rann, M. D., Charlotte ..... *Associate Editor*
R. E. Dawson, M. D., Durham ..... *Associate Editor*
Charles Watts, M. D., Durham ..... *Associate Editor*
William Hoffler, M. D., Elizabeth City ..... *Associate Editor*
W. E. Armstrong, Ph.C., Rocky Mount ..... *Pharmaceutical Section*
Mrs. W. P. Carter, Gastonia ..... *Woman's Auxiliary*

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The President's Message

The days are rapidly passing and the time of our next State Convention will shortly be upon us. Because our Raleigh meeting will embrace a new idea in our society in which the State organization will underwrite the entire cost of the meeting, I am much concerned about the payment of our financial obligations and I am wondering whether our members are equally concerned. As you may know it becomes even more necessary that each and every member will send his fees to our Secretary-Treasurer at once. In order to be successful in our new venture all of our members should make of himself a committee of one to see that his obligations are taken care of prior to the meeting in June.

This office would like to take this occasion to congratulate our astute and able Editor of the Journal, Army Armstrong, for doing a magnificent job. Under his editorship we are the recipients of a first rate scientific publication that has reflected much credit on our State organization. To put out a Journal of this caliber not only takes time in editing and assembling worthwhile scientific material but dollars are necessary to make the presses roll. If you wish to continue this activity we must become more conscious of our financial obligations by PAYING UP and KEEPING UP.

It is my understanding that the Scruggs Medical Society of Raleigh is endeavoring to have the very "Tops" in the way of conventions. Plans are now being made to give you a meeting not wanting in scientific information and yet not acking in social outlets and good fellowship. Start thinking now of Raleigh and the next meeting of the "Old North State." Plan now to meet all of your friends in Raleigh for medical advancement spiced with a jolly good time.

J. S. Simmons, M.D.

MEDICS OF OLD NORTH STATE

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The Present Status of the Doctor's Draft

On February 2, 1955, the Editor of the Journal submitted to the Assistant Secretary of Defense six questions relative to the status of the draft as it might affect our members. Dr. Frank B. Berry of the Health and Medical Department of the Department of Defense has well answered these questions. His letter follows:

Dear Dr. Armstrong:

This is in reply to your letter of February 2, 1955, in answer to questions submitted concerning the medical officer situation in the Armed Forces. Your questions will be answered in the order posed, as follows:

1. Is the Doctor draft going to be allowed to die at the conclusion of the act June 30th?

A. The Department of Defense has requested the Congress to extend the Doctor Draft Act until July 1, 1957.

2. What is the estimated monthly needs of physicians for the Armed Services at present?

A. The military departments estimate that they will need approximately 2,000 physicians during fiscal year 1956 (July 1, 1955—June 30, 1956) to replace medical officers who complete their obligatory tours of duty. These estimates are not broken down into monthly requirements. Further the military departments estimate that they will require between 4000 and 4500 physicians during fiscal year 1957.

3. Is it a policy of the Armed Services to draft the younger physicians even though the older group (45-50) has seen no service?

A. Physicians are obligated for military service by the Selective Service System in answer to calls for physicians placed by the Department of Defense. The Selective Service System in obligating physicians for military duty is bound by the provisions of Public Law 779, 81st Congress, as amended. At this time, under the provisions of this law, the Selective Service is obligating physicians who have had no prior military service. Under regulations of the Selective Service System physicians in this group are called to duty in the order of their age, the youngest first.

4. What is thought will be the expected effect on the procurement of medical officers of the Formosan situation?

A. There is no action at the present time to increase the number of medical officers on duty. Increases will not take place unless there is a significant increase in the troop strength of the military departments.

5. Will another draft peak be necessary to fill vacancies in the medical corps of the Armed services?

A. The Armed Forces will have a continuing need for physicians as long as the general draft of young men from civilian life is continued in order to maintain an expanded Armed Forces. Estimates of the number of physicians needed have been given in answer to question 2, above.

6. Have enlistments on the part of medical men changed the draft needs of the Armed Services?

A. There has been no increase during the past four years of the number of regular officers on duty in the three military departments.

Sincerely yours,
Frank B. Berry, M.D.

On To Raleigh June 14th, 15th, 16th

Dean Joe Johnson of Howard University Medical School to Deliver Keynote Speech at June Convention

All indications point to another tip-top meeting of the Old North State Medical Society June 14th, 15th, and 16th, at Raleigh. The Chairman of the Program Committee advises us that the Scruggs Medical Society of the Capitol City is going all-out to make this convention one of the most successful in the sixty-eight years of its existence. Heading the list of speakers will be Dr. Joseph Johnson, Dean of the Howard University Medical School. Dr. Johnson has been scheduled as one of the speakers at the joint meeting of the medical and pharmaceutical men. Other speakers also on program and definitely listed at the time the Journal goes to press include Dr. Newton Pritchett, a specialist in the field of Internal Medicine and Dr. William De Mario of Duke University, Pediatrician. Well known figures in the field of surgery, obstetrics, and dermatology are expected to be present for the scientific sessions.

Headquarters for the convention will be at Shaw University and the scientific sessions will be held at Shaw University and the spanking new Ligon High School in Raleigh. The Chairman also advised that the social side of the meeting would meet the taste of most every one attending with a good smoker for the men and we understand that the President-Elect of the National Medical Association would in all probability be the principal speaker for this event. For the ladies there will be cards and games and for the kiddies tennis and swimming and to climax the convention there will be an old-time picnic at the Tar Heel Club.

The invitation is out and the latch string awaits our pulling. We are sure that the representation in Raleigh will be the biggest ever.

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THE OLD-TIMER'S PAGE

The Old Timer listed in this issue of the Journal is none other than one who is seen at practically every meeting of the Old North State Medical Society, Dr. L. P. Armstrong of Rocky Mount, N. C. Dr. L. P., as he is generally known to his colleagues, is a graduate of the Leonard Medical School, class of 1913. He spent two years as interne at the St. Agnes Hospital in Raleigh and began his medical practice in his home town in 1915. He served as Medical Examiner for the local selective service board during World War II and for this work he was awarded the Certificate of Merit from the Federal Government. He was appointed to the visiting staff of the Rocky Mount Sanatorium in 1949 and served there until the closing of the Negro wing in 1952. He is an elder in the Mt. Pisgah Presbyterian Church of Rocky Mount and has served as Chairman of the Trustee Board of this church. He has served as Treasurer of the Eastern North Carolina Medical Society and has served on many committees of the Old North State Medical Society. He is a member of the Executive Committee of the Rocky Mount Civic Forum, member of the City Recreation Committee and also a member of the Federal Housing Authority of the City of Rocky Mount. In spite of his large practice this "young doctor" finds ample time to play a large part in the civic life of his community. In 1951 the Rocky Mount Academy of Medicine saw fit to award him along with several of his colleagues a citation for the many years of work he has done in his community. His philosophy of life is based on two sayings found in his office, one which states that "Them that can brag without lying, let them brag", and a second one says, "The reason a dog has so many friends is that he wags his tail rather than his tongue."

The Journal salutes you, Dr. L. P. May God bless you with many more years of service.

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Acute Intestinal Obstruction

C. D. WATTS, M. D., DURHAM, N. C.

From the surgeon's viewpoint very few disease entities are as fascinating and demanding in diagnostic, supportive, and operative knowledge as acute intestinal obstruction. The profound changes concomitant with this condition require a keen sense of surgical physiology. Since this is a common problem on any active surgical service, an analysis of all case records of acute intestinal obstruction admitted to the hospital during the four year period from 1949 to 1952 was undertaken. The purpose of this report is (1) to emphasize certain features of the disease, (2) to discuss factors needed to improve mortality statistics, and (3) to mention the general types of treatment.

Definition

Intestinal obstruction has been defined as a condition in which there exists cessation in forward action of intestinal contents long enough for the production of local and systemic changes.

Classification

Since Wangensteen's classification of intestinal obstruction was submitted, many modifications have been reported. In this report we have utilized the following classification: (1) mechanical, (2) vascular, (3) neurogenic, and (4) undetermined.

Total Cases	62
Mechanical	
1. Post-operative Adhesions	23
2. Post-inflammatory Adhesions	2
3. Hernia	
A. Inguinal	12
B. Femoral	0
C. Umbilical	1
D. Ventral	1
E. Diaphragmatic	0
F. Internal	0
G. Epigastric	0
4. Intussusception	1
5. Volvulus	2
6. Neoplasms	4
7. Obturations	3
8. Congenital Lesions	
A. Bands	2
B. Atresias	0
C. Stenosis	0
D. Malrotation	1
9. Other	
A. Stenosis of Colostomy Orifice	2
Vascular	
1. Thrombosis	1
2. Embolism	0

Continued on Page Nineteen

Congratulations - - -

Dr. D. C. Roane, Wilmington, on the recent musical festival success in the Port City. We understand that this was an outstanding event and one that brought tremendous credit to all concerned.

Dr. Vermelle C. Kelly, Winston Salem, on her recovery from a very serious automobile accident. We also extend our congratuations on the recent announcement of a coming event in your life.

Dr. J. M. Walker, Jr., Winston Salem, on his installation as President and Chief of Staff of the Kate Bitings Reynolds Hospital of that city.

Drs. H. R. Malloy, W. L. Davis, and J. M. Walker, Jr., of Winston Salem for their appointment as instructors in the School of Nursing recently established at Winston Salem Teachers College. Incidentally this is one of the two schools of nursing established by the State of North Carolina which will offer a Bachelor of Science degree in Nursing Education.

Dr. H. R. Malloy, Winston Salem, for his appointment as school physician at Winston Salem Teachers College. Bouquets are also in order for Dr. A. H. Coleman who serves as School physician for the city schools. Dr. E. L. Davis who serves as physician for the County schools, and Dr. V. C. Kelly who serves as physician for the St. Benedicts Parochial Roman Catholic School.

The Twin City Medical, Dental and Pharmaceutical Society for that very useful gift presented to the student nurses of the Kate Biting Reynolds Hospital at Christmas time.

The Durham Academy of Medicine for continuing their program of scientific discussions at their regular monthly meetings. From reports coming from the Bull City these programs are always interesting and are well attended.

Dr. H. H. Creft, High Point, for his efforts to desegregate the municipal golf course of his city.

Dr. Hubert Eaton for his determined drive to open up medical facilities at the James Walker Memoria Hospital in Wilmington. Also a boquet to him and Dr. D. C. Roane for their efforts in opening up the Municipal Golf Course for Negroes of Wilmington.

Dr. W. J. Wheeler for the reopening of his office after spending two years in the Armed Services.

Dr. C. L. Hunt, Raleigh, on the reopening of his office after service with the U. S. Armed Forces. Dr. Hunt has an added member to his family now, a son, Michael.

Dr. R. W. McDowell, a graduate of Meharry, on the opening of his office for the general practice of medicine in Raleigh.

Dr. George C. Debnam on the opening of his office for the practice of medicine in Raleigh. Dr. Debnam is also a graduate of Meharry Medical College.

PHARMACEUTICAL SECTION

This year's convention in Raleigh is scheduled to be equally as good as the Winston Salem meeting insofar as speakers and programs are concerned for the returning pharmacists. It is our understanding that a well known professor from the Howard University School of Pharmacy and a representative from the North Carolina State Board of Pharmacy and a representative from the United States Treasury Department, a specialist in the field of narcotics, will be on hand to impart knowledge to our good colleagues. This is a most refreshing thing because the division of pharmacy is just as important in our organization as the medical field. With such a program as has been contemplated we can readily see where the attendance of the pharmacists will be even greater than in 1954. We would like to suggest that this representative from the United States Treasury Department find a spot to discuss the problem of narcotics with the medical men as well. Such time given him would certainly not be wasted. Come on to Raleigh, Pharmacists; close up your prescription department just as we medical men will close our offices, and find out what's new in your field and enjoy the fellowship of your colleagues.

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Activities of the Local Societies

TWIN CITY MEDICAL, DENTAL AND PHARMACEUTICAL SOCIETY

OFFICERS:

J. M. Walker, Jr., M.D., President
W. F. Meroney, M.D., Vice President
H. D. Malloy, M.D., Treasurer
E. Shepard Wright, M.D., Secretary
H. T. Allen, M.D., Chaplain

The Twin City group meets regularly every Monday at the Kate Biting Reynolds Hospital for conferences and ward rounds. A recent ruling does not allow any operations on Monday unless such are listed as emergencies. At the annual Staff Dinner Meeting January 5, Dr. J. M. Walker, Jr., was installed as President and Chief of Staff, succeeding Dr. W. J. May. Dr. W. H. Bruce, Jr., was elected Secretary of the Staff; Dr. J. C. Jordan, Jr., was elected Chairman of the Interns Educational Committee and Dr. A. H. Coleman was elected Chairman of the Records Committee. Dr. H. R. Malloy completes the staff as Chairman of the Tissue Committee. A number of the members of this group serve as instructors in the Nursing School of the Reynolds Hospital as well as in the newly established school at Teachers College. Among the members who will further their education by attendance at various clinics are Drs. J. C. Jordan and J. M. Walker, Jr.

DURHAM ACADEMY OF MEDICINE

OFFICERS:

C. D. Watts, M.D., President
T. D. Bass, M.D., Vice President
R. P. Randolph, M.D., Secretary
Clyde Donnell, M.D., Treasurer
J. N. Mills, M.D., Chairman of the Program Committee

The January meeting was highlighted by a program under the auspices of the Durham County Health Department. Mr. J. W. Beebee, a health educator with the Durham County Health Department, discussed some of the problems in controlling Venereal disease and the status of the problems in that county. A number of the members attended a banquet tendered Dr. R. E. Dawson prior to his leaving for service in the Armed Forces. Some sixty leading citizens of Durham stopped to honor this stalwart of the Old North State Medical Society at a farewell banquet on January 7th. Major Dawson is now stationed at the Scott Air Force Base in Illinois and it is our understanding that he has been made chief of the Eye service of that hospital.

EASTERN NORTH CAROLINA MEDICAL, PHARMACEUTICAL AND DENTAL SOCIETY

OFFICERS:

B. O. Barnes, M.D., Wilson, President
S. B. Rosemond, D.D.S., Wilson, Secretary
M. D. Quigless, M.D., Tarboro, Treasurer

The regular quarterly meeting was held at the Patillo High School, Tarboro, with Dr. M. D. Quigless acting as co-host along with the other members in Tarboro. Dr. Robert Sager of the University of North

Carolina Medical School, and Dr. Frank Winter of the same institution were guest clinicians. Dr. Sager discussed Antibiotics in Dentistry and Dr. Winter discussed the topic. "Eye Diseases in General Practice."

ROCKY MOUNT ACADEMY OF MEDICINE

OFFICERS:

J. A. Tinsley, M.D., Weldon, President

J. W. Black, D.D.S., Rocky Mount, Vice President

W. T. Armstrong, M.D., Rocky Mount, Secretary-Treasurer

F. H. Avant, M.D., Rocky Mount, Parliamentarian

The February meeting was highlighted by the scientific discussion of Dr. R. P. Randolph of Durham. His topic was "The Medical Management of Peptic Ulcer." The March meeting will be devoted to a discussion of Case Histories as presented by the members. This meeting was originally scheduled for January but was cancelled due to weather conditions.

CAPE FEAR MEDICAL, DENTAL AND PHARMACEUTICAL SOCIETY

OFFICERS:

S. R. Rosemond, D.D.S., Wilmington, President

W. V. Easley, Ph.G., Whiteville, Secretary

Hubert Eaton, M.D., Wilmington, Treasurer

The activities of this society have been pointed towards eliminating the racial barriers in the field of medicine. The first efforts were made by Dr. Hubert Eaton in November, 1954, at which time he applied for membership in the New Hanover County Medical Society. His application was rejected and no reason for the rejection was given. Dr. Eaton also applied for staff privileges at the James Walker Memorial Hospital inasmuch as some tax funds go into the upkeep of this hospital and therefore should admit qualified physicians regardless of color. To date no answer to his request has been received and it is the intention of Dr. Eaton to file suit in Federal Court to make this hospital open its facilities. All the physicians of the Wilmington area are cooperating in this effort.

Dr. William J. Wheeler has returned to his practice after spending two years in the U. S. Armed Services.

The Negro Business and Professional Men's Club of Wilmington through the special committee headed by Dr. Hubert Eaton and Dr. D. C. Roane spearheaded the drive that brought about the use of the Municipal Golf Course facilities by Negroes of that city.

SCRUGGS MEDICAL SOCIETY, RALEIGH, N. C.

OFFICERS:

W. F. Clark, M.D., President

C. B. Middleton, M.D., Vice President-Secretary

R. S. Vann, M.D., Treasurer

W. B. Pettiford, M.D., Chaplain

The Scruggs Medical Society has been extremely busy working on the entertainment program for the June convention. Nothing is being left undone to make this meeting the best in many a moon. Dr. C. B. Middleton is serving as over-all chairman and she is being ably assisted

by all of the members of the Society. Two new members have been added to the roster of this society. Drs. R. W. McDowell and George C. Debnam. Both have recently opened their offices for the practice of medicine in Raleigh. Dr. C. L. Hunt, a former member of the society, has recently returned from the United States Armed Services and has reopened his office.

CHARLOTTE MEDICAL SOCIETY, CHARLOTTE, N. C.

OFFICERS:

E. L. Rann, M.D., President
Thomas Watkins, Jr., D.D.S., Vice President
Roy S. Wynn, M.D., Secretary
R. M. Wyche, M.D., Treasurer
E. E. Blackman, M.D., Chairman of the Executive Committee
W. P. Carter, M.D., Chaplain

The Charlotte Medical Society has carried along its regular monthly meetings with the last meeting in January highlighted by a paper by Dr. R. A. Hawkins on "Psychotherapy in General Practice." Dr. E. L. Rann, President of the Society, and State Chairman of the Committee on Exhibits left for service in the United States Armed Forces February 18.

GREENSBORO MEDICAL SOCIETY, GREENSBORO

OFFICERS:

W. L. T. Miller, D.D.S., President
F. E. Davis, M.D., Secretary-Treasurer

This group expects to have some important news for the Journal in the next issue.

Obituary

Dr. James A. Pethel, Sr., died January 3, 1955. Dr. Pethel was born in Charlotte in 1875. He attended the public schools of Charlotte and received his A.B. degree from Biddle University, now Johnson C. Smith University. He did his medical training at Howard University and was licensed to practice medicine in North Carolina in 1908. He is survived by his wife, Mrs. Flora Pethel, and one son, J. A. Pethel, Jr., of New York City.

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EDITOR'S PAGE

A CALL TO ARMS, OLD NORTH STATE MEDICAL SOCIETY

Elsewhere in the Journal you will read of the activities of members of the local societies and it is most refreshing to see the leadership in a number of civic activities in various communities headed up by members of the Old North State Medical Society. It is with great pride that we point to the activities of Drs. Eaton and Roane of Wilmington, Creft of High Point, Roy Wynn and Rudolph Wyche of Charlotte. In all of these cases these men have been instrumental in breaking down racial barriers that prohibited the use of Municipal Golf Courses by Negroes.

Right along the same line we wonder why our State Society should not give or offer legal aid to the men who are attempting to gain staff privileges in these semi-quasi institutions such as the James Walker Memorial Hospital in Wilmington. Although Dr. Eaton has notified this institution of his intention to thrash this matter out in Federal Court one can easily see that his efforts will affect a large number of his colleagues and whether the case is won or lost, it should be said that the Old North State Medical Society backed Dr. Eaton and his colleagues to the hilt both morally and financially. This is a golden opportunity to put words into action . . . not that our colleague needs financial backing but because the problem is statewide in scope and it deserves the wholehearted backing of the State Society. Examine the minutes of the previous meetings and somewhere in there we will find that we have gone on record to furnish this legal aid wherever this racial bigotry pops his head. The call to arms has been sounded, gentlemen. Let's get down to business and support our colleagues.

An Open Letter to the Chairman of the Executive Committee

Dear Mr. Chairman:

Since the beginning of the publication of the Journal in its present form this corner has plugged unceasingly for the appointment of members of the Old North State Medical Society to the various health boards and agencies in our State. We have also seen resolutions passed and the Executive Committee instructed to bring this matter before the Governor in whose power the appointments lie, but to date this edict from the parent body has not been carried out. We even went so far as to call the late Governor Umstead's attention to this glaring injustice and we were advised by letter that this situation would be given attention at the time that appointments would be made. This time has come again, Mr. Chairman. The present administration is in the process of getting these appointments ready for the legislature and if we miss the boat this time we shall be faced with a waiting period of another two years.

The question in our minds is why cannot we get the Executive Committee headed by you to lay this matter before the Governor? Is it that we are afraid of "roughing up someone's hair?" Is it that we are too busy to carry out the duties which we have pledged in assuming

Continued on Page Seventeen

Fine Points of the Law on Abortions

The courts interpret the law so strictly that even the doctor who feels himself justified in recommending a therapeutic abortion can have made a grave error, says this lawyer

By HAROLD RAVESON, LL.B.

The average woman who's healthy and who wants to be rid of a pregnancy knows that her family medical adviser won't do an abortion.

But what good is an adviser if he won't give advice? So she presses the point; and, as a result of her urging, the physician may be tempted to mention that he's heard of a certain Dr. Blank, with an office on Park Street, who might help her out.

Is the well-meaning family doctor who gives way before such pressure committing a crime? The answer, in many states: Yes. For it has been held that "mere advice and information are considered as completing the offense, even without an overt act."

Indeed, in one case where the woman died, a court ruled: "If (the doctor) merely urged or counselled, he would be an accessory before the fact and would still be guilty of murder."

Usually the physician knows perfectly well whether he's advising a criminal abortion or a therapeutic one. The essence of the crime is intent; and to every doctor his own intent is clear-cut.

He may, of course, rationalize his advice in various ways: The patient is a tired, exhausted woman and the strain of labor might wreck her health; she has threatened suicide unless aborted; if her family doctor won't send her to a competent practitioner, she may be permanently harmed by some quack. Yet, no matter how he rationalizes, the physician knows what he's doing when he does it.

The woman may promise to keep the source of her information forever secret. But let the slightest trouble arise—an infection, a change of mind by the husband, an accidental disclosure—and the victim or her family will promptly point the finger at the doctor who started things.

While an occasional statute uses the words "pregnant woman" in defining the crime, a doctor can generally be convicted even if the woman wasn't pregnant. The crime has only two chief components: the intent and the act.

Take a case in point: The doctor isn't sure whether the woman is pregnant. He prescribes an ecbolic drug, hoping that it "will bring her around." As it turns out, she is not pregnant and the drug makes her a little sick. In retaliation, she sues the doctor for civil malpractice.

Whereupon it becomes known that the drug was prescribed for the purpose of inducing abortion. Next day the doctor is visited by a man from the district attorney's office.

Medicine may distinguish between abortion and miscarriage, but the law draws no such line. An attempt to interrupt a pregnancy is considered an abortion. And if the motive is anything short of the necessity for saving the mother's life, it's considered criminal abortion.

In some states, an abortion rates as "therapeutic" if needed to preserve the health of the mother. But in many jurisdictions, an abortion is lawful only if necessary to save her life. The physician must be ready

to show that if the pregnancy had continued, death would probably (not just possibly) have resulted; and that emptying the uterus was the only reasonable method of saving the patient's life.

Chances are that the doctor may safely recommend an abortion if the woman has a disease of the heart (or any other organ) that would tend to cause her death under the strain of labor. Or he may do so if she has a toxemia or other complication that would ordinarily be regarded as a serious, life-threatening disorder and that would properly be treated by halting the pregnancy.

But that's as far as the legal limit of safety extends. Beyond it, the physician may well find himself out of bounds. For example:

A woman threatens suicide unless aborted. The doctor believes she means it and advises an abortion. He reasons that the alternative would be the patient's self-inflicted death. Is the physician in the clear?

He is not. What the law means by "probable death" is a fatality resulting from the pregnancy or delivery.

Take another example:

Suppose a family doctor knows that the shame of pregnancy in a certain sensitive, unmarried girl would plunge her into a depression—perhaps into a severe psychotic breakdown. Is an abortion legally justified?

The answer is still no. A doctor who advises an abortion under these circumstances may find himself serving a long prison term.

Must Be Live-Saving

What if the woman has a chronic, intermittent disease—for instance, asthma, multiple sclerosis, or migraine? Pregnancy and labor are strains that might aggravate the illness; but can it be proved that an abortion would save life? Probably not. So there's no legal justification here either.

One authority puts it this way: "Induction of abortion is legally justifiable whenever there is such mechanical obstruction that the birth of a viable child is impossible or whenever the mother is suffering from such serious disease that her life is in peril and can be saved only by interruption of the pregnancy."

The secrecy or overtness of an abortion is a matter of considerable evidential importance. That's why a physician who knows what he's up to avoids doing an abortion in his own office.

Instead, he takes the patient to a reputable hospital, has a consultant write his conclusions on the clinical chart, conforms to the hospital's rules, and does the abortion in the operating room with a full staff of assistants and nurses present. Since he has followed this procedure openly, it will be hard to prove that he had any intent to violate the law.

There are sometimes hard decisions to make, of course. For instance, an ethical practitioner may find himself in a bad spot if a woman is brought to his office bleeding after an incomplete abortion done elsewhere. He may find it necessary to finish emptying the uterus himself, yet he knows this is the kind of situation that can easily arouse suspicion.

So what does he do? He notifies the police, and he sends for an obstetrical or gynecologic consultant.

It may seem cruel to report this sort of thing to the police. It may

lead to legal and social difficulties for the woman. It may be construed in some quarters as a breach of the doctor-patient relationship. But for the physician, it could be a lot more cruel if he failed to call the police and if the woman later died.

Remember this: No malpractice insurance policy gives any legal or financial protection if the doctor is indicted for criminal abortion The best assurance against liability is a fully documented hospital clinical record—or a firm lateral shaking of the head when asked to recommend an abortionist.

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An Open Letter To The Chairman of The Executive Committee

Continued from Page Fourteen

office? Surely you, as President-Elect and Chairman of the Executive Committee, must face these same inequalities and it seems that we should not drag our feet in getting on with the job at hand. Why the reluctance on the part of any member to fight for these rights is beyond comprehension.

We understand Mr. Chairman, that you are a busy man just like the rest of us but in spite of our busy days and nights there are those of us who will answer your call for action whenever you sound it. It does not necessarily take the whole Executive Committee to do this job, but if it does take it then call for action and let's see what can be done about it. It would be refreshing, Mr. Chairman, to know that you are ready to go into action on this matter.

Very truly yours,
Editor.

1955 ANNUAL MEETING HELD IN RALEIGH

Although we dislike doing it we are forced to remind a number of our colleagues that they are still delinquent in the matter of payment of dues for 1955.

Now is the time to start planning to attend the 1955 annual meeting to be held in Raleigh in June. Your attendance, we feel sure, will be beneficial both to yourself and to your colleagues. A full attendance of the entire membership of The Old North State Medical Society is very much to be desired, since many questions of importance to the organization and its individual members will be discussed.

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Leaves From A Country Doctor's Diary

February 1st . . .

Cold today and we hope that all the work will be in the office. Mrs. Battle was in the office with a sick baby. She said that the baby had been constipated for four days. Prepared to give the baby an enema and did he mess up the room as well as my clothes. He stopped crying as soon as all of the little "goat balls" had been expelled.

February 5th . . .

Went to Aventon on a wild OB so the informant said. Arrived and found that the baby had been there since 11 o'clock that morning and it was four in the afternoon then. The mother said that the Bossman's wife came up there after the birth of the child and said that she didn't need a doctor. She had tied the cord with tobacco twine and had cut it with an old pair of scissors, put a scorched cloth on it and left her. I raised H____ about it and left word that if she ever put her hands on another baby I would personally have her arrested. Mother did fine, though.

February 11th . . .

It was colder today. Guess that was because it was my birthday. Got up at 4:30 a. m. to go to Battleboro to see what was diagnosed on the telephone as pneumonia. He had influenza with a little ache and pain in his sides. Back in bed at 6:00 a. m. to be awakened at 6:30. Jimmy Jones' wife wanted to know if she could put her baby on a bottle and what milk would I suggest.

February 15th . . .

Got a call to go to Hilliardston on an OB. A midwife had been struggling for two days, so she thought, with an impending delivery. She had the husband's hat hanging on the bedpost, a piece of an extension table under the potential mother to give her support in pushing and bearing down. She was well dialated and thinned out. Three minims of pituitrin did the job. Went back two days later and she had an axe under the bed to help "cut the after pains."

February 28th . . .

Jackson Glover called about 2:00 a. m., said his young son had been sick for three days with a cold. Went out to see him and found him with a fever of 104.5 degrees, heavy rales over the right chest wall and what we believed was a patch of consolidation in the same area. Diagnosed it as pneumonia and shot him full of penicillin. Left him some medicine.

March 1st . . .

Checked the above patient 24 hours later and his temperature had taken a nose dive. Right or wrong about the diagnosis the end result was good.

March 10th . . .

Mrs. Jernigan came into the office today for a regular monthly checkup. I had asked her to bring a specimen of water. She brought it in but it was so clear that I had to question her about it. She said that she thought I wanted some well water and that

Continued on Page Twenty-two

ACUTE INTESTINAL OBSTRUCTION

Continued from Page Eight

Neurogenic	
1. Adynamic Ileus	4
2. Dynamic Ileus	0
Undetermined	3

Incidence

In our series there were 32 male and 30 female patients with acute intestinal obstruction. Their age distributions were as follows:

Decade	1st	2nd	3rd	4th	5th	6th	7th	8th	9th
No. of Cases	7	6	3	19	9	5	8	2	3

The oldest patient was 87 years and the youngest three days. The average age was 41.1 years. To determine the predominating cause of obstruction per age group we divided the total cases as follows:

Ages 1 to 20—External Hernia

Ages 21 to 50—Post-operative Adhesions
External Hernia

Ages over 50— External Hernia
Carcinoma

Mortaity Statistics

The overall mortality for cases of intestinal obstruction admitted to the hospital was 17.7%. The operative mortality was 19.2% and the mortality of those treated conservatively was 11.1%.

Post-operative adhesions, external hernias, and obstructions due to malignancy accounted for 66.1% of the obstructions and 63.7% of the total deaths. Although malignancy was the cause of obstruction in only 6.4% of the total cases, it accounted for 27.3% of the total deaths.

	Total Cases	Deaths	% Mortality	% Total Deaths
Post-operative Adhesions	23	3	13%	27.3%
External Hernia	14	1	7%	9.1%
Neoplasms	4	3	75%	27.3%

All cases of acute intestinal obstruction have been grouped according to the status of the bowel wall, e.g., simple, strangulated, and gangrenous. If there was no evidence at operation of compromise of the blood supply, the obstruction was classified as simple. If there was evidence of vascular interference with discoloration of the bowel wall, the obstruction was classified as strangulated and/or gangrenous. All cases of gangrenous intestine were confirmed by histological study or by autopsy.

Relationship of Duration of Symptoms and Mortality

Duration of Symptoms (hrs.)	Simple		Strangulated		Gangrenous		Totals		
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	%
0 - 12	6	0	6	0	4	0	16	0	0.0%
12 - 24	2	0	1	0	2	1	5	1	20.0%
over 24	26	2	6	1	9	7	41	10	24.4%
Totals	34	2	13	1	15	8	62	11	17.7%
	5.9%		7.7%		53.5%				

Simple obstruction was found in 54.8% of the cases with a mortality percentage of 5.9%. This group accounted for 18.2% of the total deaths. Strangulated obstruction was found in 20.9% of the cases and a death rate of 7.7% belonged to this group. 9.1% of the total deaths were shown in this group. Although gangrenous obstruction was demonstrated in 24.2% of the cases, a 53.5% mortality rate was attributed to this group. It also accounted for 72.7% of the total deaths.

It is interesting to note that there were no deaths among those patients seen within twelve hours of the onset of their symptoms. The mortality increases with the duration of symptoms since there was a 20.0% mortality in those seen between 12 and 24 hours and a 24.4% mortality in those seen over 24 hours.

Pathological Physiology

The physiological derangements brought about by intestinal obstruction are both local and systemic and are due primarily to distension and dehydration. The extent of these changes is dependent upon whether the obstruction is in the small or large intestine, high or low, acute or chronic, and whether the obstruction is simple or compounded by a compromise of the circulation.

Local effects are produced by mechanical occlusion of the intestinal lumen. The proximal bowel becomes distended from an accumulation of gas and fluid within its lumen. This distension is increased largely by swallowed air and by diffusion of gas from the blood stream and by bacterial action on stagnant luminal contents. The ability of the bowel to distend is really a temporary protective measure since it tends to reduce the intraluminal pressure and delays the onset of circulatory impairment. Increasing distension decreases absorption with resultant accumulation of intestinal secretions. As the condition progresses the wall of the intestine is thinned, its musculature becomes atonic and the intramural blood supply and lymphatic drainage pathways are compressed. The circulatory changes produce increased intestinal permeability to bacteria before actual perforation takes place. Increasing ischemia leads to loss of viability, ulceration, necrosis and perforation. This is essentially the description of an untreated, acute, progressive intestinal obstruction ending in strangulation.

Profound and rapid systemic alterations in body chemistry can occur in intestinal obstruction, especially if the lesion is acute and high in the intestinal tract. Marked loss of electrolytic fluid through vomiting produce rapid dehydration with oliguria, hemoconcentration, lowered serum levels of chlorides, sodium, and potassium, azotemia and changes in serum proteins. When the obstruction is lower in the intestinal tract, severe electrolytic imbalance is delayed since there is an opportunity for partial intestinal absorption.

The lethal factor in acute strangulating obstruction is a much debated subject. Recent experiments of a number of investigators reveal that the problem is very complex. Nemir et al state that increased intestinal permeability in acute strangulating obstruction results in the passage of unidentified hemoglobin pigments into the peritoneal fluid which upon injection intravenously or intraperitoneally into normal recipient animals causes lethal effects. Tanuri et al reveal that this substance is identical with lecithinase and that it is the lethal factor of the toxin of the Clostridium group of bacteria. They also postulate that hyaluronidase plays an important role in the increased permeabil-

ity of the bowel wall in strangulating obstructions since it is not present in normal intestinal contents. Consideration of the bacterial flora as a lethal component in acute strangulating bowel obstructions is further enhanced by the fact that certain antibiotic and chemotherapeutic substances increase longevity in protected animals over controls.

The diagnosis of intestinal obstruction is not difficult in most cases, especially, if it is thought of by the clinician. The patient's history and physical examination are of prime importance and should bring out the diagnosis at the bedside. In our series four cardinal symptoms were almost invariably present.

Pain	100%
Vomiting	93%
Distension	77%
Obstipation	89%

These characteristic symptoms may be obscure or may follow a definite pattern. The onset of pain is usually sudden, cramping in nature, and colicky accompanied by frequent borborygmi. The type of vomiting and the character of the vomitus depends upon the site and the duration of the obstruction. In high obstructions vomiting is early and abundant. If the obstruction is low as in the ileum or colon, vomiting may occur late or it may even be absent. Distension may not be present especially in high lesions or strangulating obstructions. Obstipation is sometimes an unreliable and late symptom of obstruction.

Once the diagnosis of intestinal obstruction is suspected certain basic procedures are undertaken:

1. X-ray of the Abdomen. Scout films of the abdomen made in the upright position as well as the flat and occasionally the lateral decubitus positions are of assistance in the diagnosis of bowel obstruction. Differentiation between large and small intestinal obstruction often can be made only through the use of x-ray films. Gaseous distension and the presence of intraluminal fluid levels are usually apparent in upright films. Reontgenological findings are not infallible, therefore, the clinical status of the patient must be carefully evaluated. This is especially true in strangulating obstructions in which there is frequently no typical x-ray picture.

2. Intubation. A reasonable trial period of intestinal decompression with the Miller-Abbott, Harris, or Cantor tubes may be utilized. One must remember that there is no therapeutic measure fraught with greater pitfalls and at the same time is of inestimable value. There are probably two absolute contraindications to the prolonged employment of tubal decompression. These are as emphasized by Wangensteen: 1. strangulating obstruction and 2. the closed loop type of obstruction of the colon with great distension.

3. Laboratory Studies. These should include a complete blood count, hematocrit or hemoglobin and routine urinalysis. In addition the CO-2 combining power, total proteins, and blood or urine chloride levels should be obtained. To be of significance these should be repeated at frequent intervals. Laboratory analyses are excellent indices of the patient's progress. However, dependence upon these studies may actually mask the true status of the patient. Dehydration by causing hemoconcentration ultimately renders elevated red and white cell counts as well as increased hemoglobin values. By combining the urin-

ary studies, routine blood counts and blood chemistry one can obtain a fairly accurate idea of the patient's electrolyte imbalance. Hematocrit determination and specific gravity of the urine together can give information as to the degree of dehydration. The carbon dioxide combining power and plasma chloride levels may indicate the status of the acid base relationship.

The patient should be placed on a fluid intake and output chart as well as daily determination of the specific gravity of the urine. A urinary output of 1000 to 1500 cc./day with a specific gravity of 1.010 to 1.015 usually indicates maintenance of hydration in the absence of renal pathology. The type of fluid replaced is predicated upon the type of fluid lost. The clinical status of the patient is the best guide in the early phases of replacement therapy. Fluid restoration should be planned for the first twenty-four hours. Equal mixtures of isotonic saline and 5% glucose in water may be given. Severe acidosis may respond to 1/6 molar sodium lactate solution or 1.3% solution of sodium bicarbonate. Potassium replacement is delayed until normal urinary output has been restored. Whole blood is of great value in the relief of shock and in the partial replacement of protein loss. Parenteral protein hydrolysates and vitamins also aid in the improvement in the patient's general condition. The administration of chemotherapeutic and antibiotic drugs lessens the imminent danger of peritonitis by lengthening the time before bacterial invasion of the bowel wall occurs.

The problem of surgical intervention at the most opportune time is exceedingly important. Certain definite indications for surgical intervention are listed:

> 1. A rising pulse; 2. a rising temperature; 3. elevation of the total white blood cells; and 4. persistent or increasing pain.

The presence of these findings may force one to forego such factors as distension and dehydration. It is expected that the mortality and morbidity in these cases will be exceedingly high.

In all other cases of intestinal obstruction the time spent in the relief of distension and correction of the acid-base imbalance will be reflected in the reduction of the mortality rate by 50%. Although the long intestinal tubes are extremely beneficial in small bowel obstruction, they are of little use in obstruction of the large bowel. Surgical decompression in the form of cecostomy or colostomy is the method of choice. These tubes are invaluabe in the post-operative period since it takes from two to five days for the intestines to resume function.

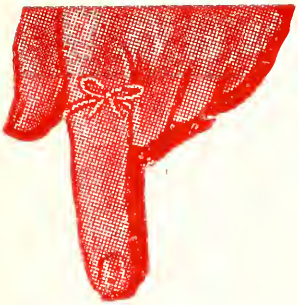
The mortality from acute intestinal obstruction has been reduced 50% in the last twenty years. In this era of potent antibiotic drugs and modern blood banks further reduction in mortality can be accomplished by earlier diagnosis with prompt, vigorous supportive therapy.

LEAVES FROM A COUNTRY DOCTOR'S DIARY

Continued from Page Eighteen

was what she brought. She thought I wanted to see if the water she was drinking was pure.

Jack Salem's wife came in with a needle broken off in her heel. Looked at it through the fluroscope and there it was. Tried to get a small hemostat on it but it danced as all needles do. Had to do an incision and remove it under the fluroscope. Who said a needle couldn't dance?



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ANNUAL MEETING

IN

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JUNE 14th, 15th and 16th, 1955

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FOREWORD

With this issue of the Journal we close out another series. We hope that you have sincerely enjoyed reading our materials, especially the scientific articles by our own members as well as those taken from other writers. Again we say that all that we have heard about the publication has been on the good side but we wonder if there aren't some suggestions that you would like to make in order that we might improve on the Journal. Remember, we like to hear the good things and we are far from being too good to accept criticisms and suggestions. We hope that your summers will be just what the ℞ calls for and we look forward to greeting you again with the October issue.

Ed.

The Journal of the Old North State Medical Society

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CITY OF RALEIGH

May 19, 1955

Old North State Medical & Pharmaceutical Society

Dear Members:

We understand that the Old North State Medical and Pharmaceutical Society is holding its Annual State Convention here in the Capital City June 14, 15 and 16.

It is, indeed, a pleasure to extend to all a very friendly and cordial welcome and wish that your meeting here will not only be very pleasant, but very successful in every way. We take pleasure in seeing meetings from organizations throughout this fine State choose the Capital City as their meeting place. It is proper in every way.

Again, let me extend to you our best wishes for a successful and pleasant meeting.

Very truly yours,

W. H. CARPER
City Manager

safe sedation

allay apprehension

eases onset of sleep

The President's Message

Do you ever "daydream"? Do you sometimes let your mind wander? I do. Sometimes in my quiet moments my mind wanders to all sections of our state. I think of Charlotte, Oxford, Durham, Rocky Mount, High Point, Weldon, Fayetteville and all the other cities, towns and hamlets in the limits of our great state. These communities, to me, mean fellow practitioners of medicine, they mean—"Friends"—and happy experiences. Gentlemen, this is truly a great profession; one of the noblest by heritage and, perhaps, the most appreciated by those who are tortured by disease. I am proud to be one of you. Today, indeed, is one of those days when my mind is wandering. For today, as I sit here thinking of these past months that I have served as President of our old and illustrious society, I can truly say that they have been most enjoyable. And I hope that in our small way we've contributed something to the office of the Presidency of this august body. We are very appreciative of the honor that the men of the "Old North State" have bestowed upon us and we have tried to execute the tasks of this office to the very best of our ability. For the successes that we have accomplished, we can only say that those successes were possible only by your cooperation and wise council; for our shortcoming we attribute, not to a lack of wanting to do, but rather, to the human frailties that are so ever present in the human body.

As we look back over this year, that is fading into history, we bestir ourselves to ask the question, "Are we exerting our full capacities wherein our society is concerned and in a larger measure where our racial identity is concerned?" The answer, in my opinion, is in the negative. Too many of us have shirked our obligations to this society. What should we do about it? There is much you can do: (1) Become financial, (2) Attend your local meeting, (3) Attend your state meeting, (4) Encourage others to affiliate. This is our own forum to express our ideas—make the society better by taking an active part in its affairs. We, as Negro physicians, have a terrific responsibility. Especially in our Southland the influence that we wield, or should wield, is far greater than one might think. As a whole we are probably the best informed group in our race. People look to us for leadership and we must not fail to give that leadership. If we do we are not being worthy of the great trust that the masses of our people have placed in us as leaders as well as healers of the sick.

These are very trying times. This is the age of "Fighting for the minds of men." The battle lines have been drawn; the die has been cast. The "Rubicon" must be crossed. What will prevail—the communistic way of life or the democratic way of life? Here in our United States we have a great heritage—here we preach the doctrine of the "Freedom of man," here we proclaim that all men are created equal —not by physical strength, mental ability or wealth, but by "Equality under the law." One might question the above thesis, and rightly so. We know full well the demerits of our land but we should applaud the framework on which our democratic government has been founded. Because of this framework of our government we, along with other men of good will, can solve our problems to the mutual benefit of all. As an integral part of this democracy the men of the "Old North State" should continue to wage the clean, wise and persistent fight until we

Please Turn to Following Page

DR. C. B. MIDDLETON
Chairman Arrangements Committee

All Roads Lead To Raleigh

Elsewhere in this Journal you will find the entire program of activities for the annual meeting of the Old North State Medical Society. For the physicians there will be the Ob and Gyn specialists, pediatricians, and surgeons. For the Pharmacists there will be men who are active in business to discuss everyday problems as well as the Dean of the School of Pharmacy of the University of North Carolina and round-table discussions. For the Ladies, their program will be highlighted by the appearance of the indomitable Dr. Dorothy Ferebee of Howard University. To these programs add the social activities and picnic and other private sessions and what have you . . . a well-rounded program that should tickle the fancy of the most critical brother. To all of these activities we send out this last invitation and we urgently ask you to put the date down on your appointment book and then make plans TO KEEP THIS APPOINTMENT. The slogan is "ON TO RALEIGH JUNE 14th, 15th and 16th.

THE PRESIDENT'S MESSAGE

Continued From Page Four

stand fully free and unfettered in a really free and truly democratic land.

Until my final message to you in June, my continued challenge to this society is "Never despair, nothing is ever lost until we give up the fight."

Guillian-Barre Syndrome

By: Dr. C. B. Middleton, Raleigh, N. C.

The first description of the Guillian-Barre syndrome was made in 1892 by Sir William Osler when he reported an acute febrile illness in which polyneuritis was the chief characteristic. In 1916 Guillian, Barre and Strohl set up criteria for the diagnosis of this entitl, differentiated it from Landry's ascending paralysis and later, in 1936, re-evaluated the criteria for diagnosis. In the later paper, it was noted that the laboratory findings were not always constant, nor were all the characteristic clinical findings present in every case.

While this disease entity is not a rare one, it is somewhat infrequently seen and few case reports are to be found in the literature until relatively recently. The most recent papers have been in connection with the use of ACTH and cortisone in its treatment. The Guillian-Barre syndrome is an acute radiculoneuritis which is of questionable infectious etiology. It is known to follow acute infections such as upper respiratory diseases, measles, mumps, scarlet fever, influenza, infectious mononucleosis, and others, as well as chronic infections such as tuberculosis and syphilis. Serum sickness, arthritis, sulfonamide poisoning have also been implicated as its precursors. It has been attributed to a neurotropic virus which acquires virulence as a result of the preceding illness and, more recently, to an allergic reaction of the nerve fibers in spinal roots, spinal cord tracts and cranial and peripheral nerves. The latter hypothesis furnished the basis for the use of ACTH and cortisone as therapeutic agents by Stillman and Ganong in 1952, Seltzer, Lichty and Conn in 1952 and Blood, Locke and Carabasi in 1953. Each of these groups held that, as anti-allergic agents, ACTH or cortisone should be effective in treating the Guillian-Barre syndrome for which there had previously been no specific therapy.

In the case presented here, failure to respond to antibiotics led to a trial of ACTH therapy which resulted in apparent response of the patient's disease process.

This 31 year old Negro female was admitted to the hospital on 1-29-54 because of syncope. She had had three episodes of vaginal bleeding in the three weeks preceding admission and had also had an upper respiratory infection. She complained of soreness in her neck, back and arms. Her past history was non-contributory. Physical examination revealed a well developed, well nourished female appearing moderately ill, with no abnormal findings except a questionable stiffness of the neck and a temperature of 99.4. Lumbar puncture was performed and clear fluid under no increased pressure was obtained. Spinal fluid pressure was 130 mm of water and laboratory reports were Pandy negative, sugar 75 mg%, protein 11 mg%, cell count 2 mononuclear cells per cm. Other laboratory data were: Uurinalysis—specific gravity 1015 and negative for sugar, albumin and cells; Rbc—4,210,000; Wbc—11,340 with a differential of 56 lymphocytes and 44 segmented cells; hemoglobin 13.5 grams; negative serology.

The patient received 900,000 units of crysticillin and 11 gm of Gantrisin between admission and the return of laboratory reports, be-

Continued on Page Twenty-Three

Congratulations - - -

Dr. William Hampton, Greensboro, on the excellent record as a public servant while serving on the Greensboro City Council.

Dr. J. S. Simmons, President of the Old North State Medical Society, on his efforts to bring about the culmination of the program of integration launched in this organization some five years ago.

Dr. Murray B. Davis, High Point and all the members of the Committee on Integration for their successful fight for lowering the bars for admission to the N. C. State Medical Society.

To all the Doctors in the State for the part they played in administering the Salk vaccine throughout the public school system in North Carolina.

To the Auxiliary of the Kinston branch for their outstanding work in civic affairs this year.

To the Scruggs Medical Society and its Auxiliary for the wonderful preparations for the entertainment of the Society at its June meeting in Raleigh.

Dr. E. P. Norris Jr., of Durham on his promotion to the rank of Lt. Commander in the U.S.A. Naval Service.

Dr. C. D. Watts, Durham, for his selection as a member of a panel chosen by the Durham Chapter of the American Cancer Society during their educational program staged in the month of March. This was an open Forum on Cancer and had specialists from both Duke and Watts Hospitals participating.

Dr. B. O. Barnes on the return to his office following a seige of acute illness.

Mrs. J. P. Harrison, Kinston, for her appointment to the Kinston Committee on Interracial Affairs.

Mrs. J. J. Hannibal, Kinston, for her selection as a member of Advisory Board of the National Association for the Study of Negro Life and History.

The Members of the Woman's Auxiliary for the honor bestowed upon it by the Woman's Home Companion in being chosen as one of the outstanding Women's clubs in the United States in 1955.

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EDITOR'S PAGE

AND THE WALLS CRUMBLETH

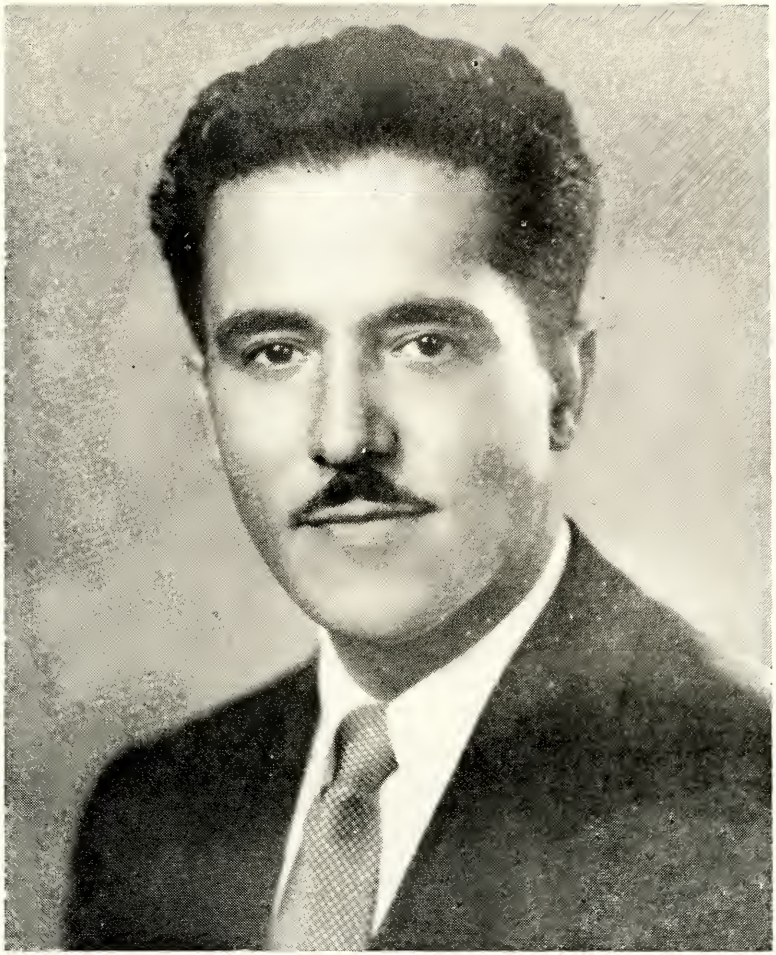
The recent action of the North Carolina Medical Society in voting scientific and voting and office holding privileges to the members of the Old North State Medical Society was a move which this corner approves in spite of the criticism by some of our members that there were still some strings attached. We think that the society went a little further than some Southern States by not limiting it to scientific membership only. As for the social side we think that this is a very minor item. All of our efforts have been designed and pointed towards one objective—that objective being membership in the North Carolina Medical Society in order that we might qualify for membership in the American Medical Association as well as membership in the American Academy of General Practice.

We would like to point out here though that all of our members should now make application for membership in their local units and above all when membership is granted we should obligate ourselves to attend the regular scheduled meetings and exhibit an interest in the policy making activities of the local and state organizations. It will do us little good to gain admission and then fail to avail ourselves of the privileges accorded such membership. And while upon this matter we should hasten to call attention to the fact that it took approximately seventy five years to convince our Caucasian colleague that Gray's Anatomy was our basic subject as it was his and that our State Board Examinations were similiar to his in every respect. Let it not be said that another seventy five years will elapse before he will be convinced that the Negro Medical men are equal in every other aspect.

We are safe in saying that we owe our congratulations to our Committee on Integration that has worked so diligently through the last five years. They have spent numerous hours anl travel expense in finding a common meeting ground for this action. Although the door did not swing wide open and all of the walls did not crumble we are able to pass through the door with our heads up and we are over the wall.

WELL DONE

Apparently there is something contagious about being a winner. During 1954 a panel of judges chosen by the Woman's Home Companion named the Woman's Auxiliary to the Old North State Medical Society as one of the 250 outstanding women's clubs in this country. The 1955 May issue of this same publication listed the Auxiliary as a repeat winner for this year. They were chosen by the Bureau of Applied Social Research of Columbia University on the basis of nomination from women's clubs across the country. The Auxiliary was one of the twelve clubs singled out in North Carolina. Surely then we must recognize that when service is rendered, somewhere, someone will know about it and we sincerely mean it when we say that we are intensely proud of our Auxiliary and the program that they carry on in their own way. A tremendous amount of the work that brings this recognition belongs to Mrs. J. J. Hannibal of Kinston. Her dynamic personality and boundless energy is something to behold and to Mrs. Hannibal and the members of the Auxiliary we Salute you on your well deserved honor. Keep up the good work.



DR. BURKE SYPHAX

Associate Professor of Surgery, Howard University
College of Medicine

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Syncope Due To Cardiac Arrhythmias

By Permission of American Heart Association

Syncope can be defined as a sudden transient suspension of consciousness. The type being discussed here is due to a sudden decrease in cerebral blood flow resulting from an inadequate cardiac output secondary to the various cardiac arrhythmias. Syncope that is not primarily due to an abnormal cardiac rhythm is not discussed, and for this reason no comments are included regarding the common faint, postural hypotension, etc. The variables which determine the severity of the attacks are: 1. The abruptness, degree, and duration of inadequate cardiac output. 2. The status of the cerebral arteries. Accordingly, the symptoms may vary from momentary giddiness to loss of consciousness sufficient to cause injury. Severe and prolonged attacks associated with convulsions are more common in elderly patients because of associated cerebral atherosclerosis.

ARRHYTHMIAS WHICH CAN PRODUCE SYNCOPE

Paroxysmal auricular tachycardia or fibrillation occasionally produce syncope in children and young adults. Under such circumstances the transient loss of consciouness occurs at the onset of the attack before the body can adapt to the rapid heart rate and at the end of the attack when there is a brief period of ventricular arrhythmia or cardiac standstill. Syncope as a result of supraventricular tachycardia is even more likely to occur in older folks with cerebral atherosclerosis, and here too it tends to occur at the onset and at the end of an attack of rapid beat. Normal sinus rhythm may be interrupted by ventricular tachycardia or by ventricular fibrillation, and this change in rhythm may produce syncope. One of the causes of syncope in patients with carotid sinus syndrome is a disturbance in cardiac rhythm which may be total standstill of the atria and ventricles or high grade atrioventriculas block. Syncope may be associated with varying degrees of atrioventricular block. Morgagni reported the case of "a grave and worthy priest" who was "seized with the epilepsy which left behind it the greatest slowness of the pulse." Adams reported the case of "an officer in the revenue" who had a "remarkable slowness of the pulse which generally ranged at the rate of 30 in a minute." Stokes studied several cases and reported his "Observations on Some Cases of Permanently Slow Pulse." Since all three of these physicians observed cases of unusually slow pulse, it seems desirable to limit the use of the term Morgagni-Stokes-Adams syndrome to cases of syncope associated with atrioventricular block.

The following mechanisms may be responsible for the attack in such patients: 1. Complete atrioventricular block and ventricular asystole may interrupt normal sinus rhythm (with or without prior evidence of A-V conduction disturbance, or ventricular asystole may occur suddenly in a case of complete heart block. These mechanisms are responsible for syncope in approximately 55 per cent of the cases associated with atrioventricular block. 2. Patients with complete heart block may develop ventricular tachycardia or fibrillation which may or may not be followed by ventricular standstill. These mecnanisms are responsible for 45 per cent of the attacks. 3. When there is complete heart block, the idioventricular focus may, on rare occasions,

Continued on Page Twenty-Five

DR. JOSEPH L. JOHNSON

Professor of Physiology, Howard University College of Medicine

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Program For State Convention

TUESDAY, JUNE 14, 1955

6:30-8:00 P. M.—Registration
J. W. Ligon Junior-Senior High School

8:00-10:00 P. M.—Business Session
J. W. Ligon Junior-Senior High School

10:00-12:00 P. M.—Reception
Residence of Dr. and Mrs. W. B. Pettiford, 1302 Oberlin Road

WEDNESDAY, JUNE 15, 1955

8:00-9:00 A. M.—Breakfast, Shaw University Dining Hall

10:00-10:30 A. M.—Dr. C. L. Hunt, presiding
Modern Use of Hypotensive Drugs—Dr. Newton Pritchett, Internist, Raleigh, N. C.

10:30-11:00 A. M.—Office Management of Glomerulonephritis in Children—Dr. William De Mario, Associate Professor of Pediatrics, Duke University

11:00-12:30—View of exhibits

1:00—Lunch, Shaw University Dining Hall

1:45-2:15—View of Exhibits

2:15-2:45—Dr. W. Cleland, presiding
Functional Bleeding—Dr. Leroy Swift, Acting Chief Obstetrics and Gynecology, Lincoln Hospital, Durham, N. C.

2:45-3:15—Toxemias of Pregnancy—Dr. W. B. Cherney, Resident-Instructor in Obstetrics and Gynecology, Duke University

3:15-4:30—Joint Session—Dr. J. S. Simmons, presiding
Introduction of Speaker—Dr. York Garrett

New Chemotherapeutic Agents in Mental Diseases—Dr. E. A. Brecht, Dean of College of Pharmacy, University of North Carolina

Introduction of Speaker—Dr. C. B. Middleton
Significance of Current Legislation to the Medical Profession—Dr. Joseph L. Johnson, Professor of Physiology, Howard University College of Medicine

4:30-4:45—View of Exhibits

4:45-5:30—Business Session

8:00-12:00—Smoker. Elks Home, 619 E. Davie Street. Master of Ceremonies—Dr. Rudolph Wyche, President-Elect Old North State Medical and Pharmaceutical Society
Speaker—Dr. C. Herbert Marshall, Washington, D. C.

THURSDAY, JUNE 16, 1955

8:00-9:00—Breakfast. Shaw University Dining Hall

10:00-11:00—Dr. C. D. Watts, presiding
Clinico-pathological Conference, Lincoln Hospital Staff

11:00-11:30—Surgical Management of Thyroid Disease
Dr. Burke Syphax, Associate Professor of Surgery, Howard University College of Medicine

1:00—Lunch. Shaw University Dining Hall

2:00-4:00—Business Session. Tar Heel Club

4:00—Picnic. Tar Heel Club

Scenes of Convention Activities

Shaw University, West Campus

J. L. Ligon High School

PHARMACEUTICAL SECTION

Last June in Winston Salem we witnessed the largest registration of pharmacists yet to attend an annual meeting of the Old North State Medical Society. This year these same men are driving for a 100% registration. The program which is printed elsewhere in this issue is very enticing with discussions on everyday problems, a paper by the President of the National Pharmaceutical Association, and an appearance of the Dean of the Pharmaceutical School of Pharmacy of the University of North Carolina. Quite a bit of work has gone into the make up of this program and the least that we can do is to show our appreciation by attending the sessions. Then too, there are business matters of great import and you are needed to help map the the future of your society. Let's outdo Winston Salem and make this year's registration even larger.

Convention Program For Pharmaceutical Section

WEDNESDAY, JUNE 15, 1955

10:00-11:00 A. M. ..... Business Meeting

11:00-12:00 M ..... Paper

"The Necessity of You Being Affiliated With Your Local and National Pharmaceutical Societies."

Mr. Rufus G. Hairston, Ph.C., Winston Salem, N. C., President of The National Pharmaceutical Association, Inc.

12:00 M-1:30 P. M. ..... Dinner.

1:30 P. M. - 2:30 P. M. ..... Discussion.

"Can Independent Drug Stores Be Operated Profitably on Shorter Working Hours?"

Discussion led by Mr. Wynn, Ph.C., Greensboro, N. C.

2:30 P. M. - 3:00 P. M. ..... Joint Meeting.

"Chemotherapeutic Agents for Mental Diseases."

Mr. E. A. Brecht, Dean of the School of Pharmacy at The University of North Carolina.

THURSDAY, JUNE 16, 1955

11:00 - 12:00 M ..... Round Table Discussions.

"How to Meet Present Competition, and Good Judgment in Buying."

Election of Committees for 1956.

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Woman's Auxilliary Convention Program

Mrs. W. Percy Carter, President Woman's Auxiliary to The Old North State Medical Society

OFFICERS 1954-1955

President—Mrs. W. P. Carter, 419 N. Marietta St., Gastonia, N. C.
President-Elect—Mrs. F. E. Davis, 1103 Benbow Rd., Greensboro, N. C.
Vice-President—Mrs. W. C. Shanks, Rt. 2, Crestview Ct., Burlington, N. C.
Recording Secretary—Mrs. C. M. Quick, 1597 Seabrook Rd, Fayetteville, N. C.
Corresponding Secretary—Mrs. K. W. Jones, 1101 Lyle St., Reidsville, N. C.
Treasurer—Mrs. P. W. Burnett, 334 Pennsylvania Ave., Rocky Mount, N. C.
Historian—Mrs. J. J. Hannibal, Grove Park, Kinston, N. C.

Publicity Director—Mrs. E. S. Wright, 833 Cameron Ave. N. E., Winston Salem, N. C.
Chairman Advisory Board—Mrs. M. B. Davis, 135 Underhill St., High Point, N. C.
Parliamentarian—Mrs. R. S. Wynn, Charlotte, N. C.

PAST PRESIDENTS

Mrs. J. E. Alexander, 328 Flint Street, Charlotte, N. C.
Mrs. W. P. DeVane, 434 Gillespie Street, Fayetteville, N. C.
Mrs. W. H. Bruce, 919 E. 12th St., Winston Salem, N. C.
Mrs. H. . Creft, Sr., P. O. Box 263, Monroe, N. C .
Mrs. W. B. Pettiford, 1302 Oberlin Road, Raleigh, North Carolina
Mrs. R. S. Holliday, 241 Garfield St., Statesville, N. C.
Mrs. F. W. Avant, 810 Red Cross St., Wilmington, N. C.
Mrs. C. B. Codrington, 700 E. Divine Street, Dunn, N. C.
Mrs. J. W. V. Cordice, 1503 Fayetteville St., Durham, N. C.
Mrs. M. B. Davis, 135 Underhill St., High Point, N. C.

FIVE-POINT CHAIRMEN

Health—Mrs. H. H. Creft, P. O. Box 263, Monroe, N. C.
Legislation—Mrs. D. C. Roane, 610 Walnut Ave., Wilmington, N. C.
Education—Mrs. J. M. Walker, Jr., 800 Cameron Ave. N. E., Winston Salem, N. C.
Community Needs—Mrs. H. N. White, 69 Madison St., Asheville, N. C.
Human Relations—Mrs. W. M. Wynn, 810 Beribow Road, Greensboro. N. C.

Program

TUESDAY, JUNE 14, 1955

6:30 P. M.

Registration ..... Ligon High School

8:30 P. M.

Fashion and Talent Hour ..... Ligon High School

10:30 P. M.

Reception ..... Residence of Dr. and Mrs. W. B. Pettiford
1302 Oberlin Road

WEDNESDAY, JUNE 15, 1955

9:30 A.M.

Meeting of Executive Board ..... Ligon High School

10:30 A. M.

Business Session ..... Ligon High School
Mrs. W. C. Shanks, Vice-President, presiding
Meditation ..... Song and Prayer
Expressions of Welcome ..... Mrs. W. B. Pettiford
Raleigh Medical Auxiliary Group
Response to Welcome ..... Mrs. J. J. Hannibal
President Kinston Medical Auxiliary
Musical Selection ..... Mrs. Gwendolyn Gidney
Minutes of Last Meeting ..... Mrs. C. M. Quick, Sec.

Annual Report ..... Mrs. W. Percy Carter, President
Reports of Auxiliaries
Appointment of Committees
Adjournment

1:00 P. M.

Luncheon ..... YMCA
Bloodworth Street
Introduction of Speaker ..... Mrs. W. P. Carter, Pres.
Guest Speaker ..... Mrs. Dorothy B. Ferebee
Medical Director, Howard University

8:00 P. M.

Ladies' Night of Games ..... Home Eckers
115 East Hargett Street

THURSDAY, JUNE 16, 1955

9:30 A. M.

Meetings of Committees ..... Place To Be Announced

10:30 A. M.

Business Session ..... Place To Be Announced
Mrs. W. Percy Carter, President, presiding
Meditation ..... National Song and Prayer
Musical Selection ..... Raleigh Auxiliary Group
Greetings ..... Dr. J. S. Simmons
President, Old North State Medical Society
Seven Minute Sound Film . . . National Foundation for Infantile Paralysis
Minutes of Previous Meeting ..... Mrs. C. M. Quick, Secretary
Report of Five-Point Chairmen:
- Health ..... Mrs. H. H. Creft, Sr.
- Legislation ..... Mrs. D. C. Roane
- Education ..... Mrs. J. M. Walker, Jr.
- Community Needs ..... Mrs. H. N. White
- Human Relations ..... Mrs. W. M. Wynn

Report of Committees:
- Nominating ..... Mrs. E. E. Blackman
- Budget ..... Mrs. G. Alexander
- Auditing ..... Mrs. R. S. Hairston
- Credentials ..... Mrs. R. S. Wynn
- Projects ..... Mrs. J. J. Hannibal
- Constitution ..... Mrs. J. E. Alexander
- Courtesy ..... Mrs. M. B. Davis
- Merit Award ..... Mrs. J. D. Weaver
- Memorial ..... Mrs. W. C. Baucum

Installation of Officers
Presentation of Gavel ..... President and President-Elect
Remarks ..... Mrs. F. E. Davis
New President
Official Closing ..... National Pledge

3:30 P. M.

Picnic ..... Tar Heel Club

Message From Auxilliary President

"TIS BETTER TO LIGHT ONE LITTLE CANDLE
THAN CURSE THE DARKNESS"

As this year's activities draw to an end, we sincerely feel that the Auxiliaries throughout the state have lighted the candles of faith and service. Faith in our country, state and community has helped us work toward a true democracy. Service to mankind, by working on the Five-point Program, has brought us a great deal of satisfaction.

Better health conditions have been brought about by our participation in the March of Dimes Campaign, Cancer Drive, T.B. Seal Sale and others. The job is not finished and will not be finished until cancer, polio, heart disease and many others diseases are wiped from the face of the earth. We must not get too smug in our own well-being, but we must remember that the health of every small child and every adult in our community is our personal problem. We must continue the fight for better jobs, higher wages and a general higher standard of living which will do much to eliminate some diseases.

A true democracy for not just a select few, but for all citizens, is the aim and goal of all the local auxiliaries. Through the Legislation Committee, each group has worked toward that objective. The power of the ballot is our weapon to fight corruption in government, prejudiced candidates, and any other forces that hinder the progress of this great country of ours. We must continue to see that all citizens register and vote. Letters should be sent to Senators and Representatives on the National and State levels letting them know whether we approve of bills introduced in our Capital. One of our most important jobs is to inform the public regarding the activities of the government, and by doing so increase the interest in the operation of the political side of our country.

"Education is the process of training and developing the knowledge, skill, mind, character, especially by formal schooling, teaching and training." Certainly, from the above statement, an educated race or nation is a progressive race or nation. We must continue to stress the need of education for the youth of our country, for the success and future growth of the nation depend on the youth of today. One writer said, "Tell me the thoughts and ideas of the youth of today, and I shall tell you the type of world we'll have tomorrow." The candle of faith in the youth of today has been lighted by the local auxiliaries and the candle of service is burning brightly to show them the way to a fuller and richer life. We should fight with all the power within us to see that equal opportunity for advancement and education is extended every person of this big wonderful country of ours.

Are you doing what you can to meet the needs of your community? Do you need a better equipped fire department? Do you need more paved streets in your community? Although our needs may not be the same in every community, yet we believe there are definitely many needs in every community. If each small group works to meet the specific needs of the community, gradually but surely the needs of the entire nation will be met.

The Human Relations Committee, in cooperation with all members of the local auxiliaries, has brought about a better understanding

among people of different races and professions. Your daily actions can improve or hinder racial relationship. We must each day realize the importance of building good relationship inAmerica and the world.

I wish to express here my sincere gratitude for the support given me during my administration. I do appreciate the many verbal and written compliments, and I am indeed pleased if I have in any small way lived up to your expectation.

Let us hold high the candle of faith. We must continue to have faith that our every effort is not in vain. We must maintain faith in our fellowman, and in our way of life. Service in the field of Health, Legislation, Education, Human Relations and Community Needs, is our answer to many wrongs that may be made right. Let us remember our National Pledge:

"We pledge as members of the Woman's Auxiliary to the National Medical Association to conduct our lives so that we may be a shining light in the communities in which we live and do everything within our power to foster the ideals of better living."

It has been a pleasure to serve as your president, and again I thank you for your confidence in me. God bless one and all.

Mrs. W. Percy Carter

Highlights of Woman's Auxiliary Activities

The Auxiliary to the Durham Academy of Medicine decorated the local hospital at Christmas time, entertained freshman nurses and made plans to send a medical kit to Africa. Mrs. R. P. Randolph is the president.

The Twin City Medical Auxiliary gave books to a hospital, contributed to the Y. W. C. A., gave a benefit party for a nurse award, and helped other civic groups in getting out the vote. Mrs. C. O. Lee is president.

The Woman's Auxiliary to the Furniture City Medical Society made a contribution to Zeta Phi Beta Scholarship Fund, gave a scholarship to a freshman nurse, contributed baskets of food at Christmas time, contributed to March of Dimes, and worked with the Cancer Drive Committee. Mrs. J. J. Wilson is president.

Mrs. W. E. Armstrong, president of the Rocky Mount Auxiliary, and Mrs. F. W. Avant, president of the Wilmington Auxiliary, report regular meetings and work with the local civic groups.

The Auxiliary to the Kinston Medical Society reports a very full program which included participation in a survey conducted by the League of Women Voters, participation on committee for aid to rural communities where water supplies became scarce, participation in interracial forums, formation of a Carter Woodson club—a small reading room devoted to Negro History, named as one of 250 clubs throughout the United States for a special service award by the Woman's Home Companion, and participation in Polio and other drives. Mrs. J. J. Hannibal is the president.

The Woman's Auxiliary to the Charlotte Medical Society and the Auxiliary to the Furniture City Medical Society both observed Doctors' Day with interesting programs and dinner. The state Presidents of Old North State Medical Society, the Woman's Auxiliary to the same, and the Auxiliary to the Dental group were present at the High Point observance.

CONVENTION STEERING COMMITTEE

First row, l. to r.: Drs. W. B. Pettiford, C. B. Middleton, R. S. Vass, L. E. McCauley. Back row: R. W. McDowell, J. T. Hamlin, G. C. Debnam, N. L. Perry, R. E. Wimberley and C. L. Hunt.

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Leaves From A Country Doctor's Diary

April 5th . . . Mrs. M. W. brought her young son in today. When asked what was his trouble she replied that "Her son came down from New York and said that this child did not have a "pus beat" and to take him to a doctor immediately". Here was a chance for a little education to be a dangerous thing. We assured the Mother that her child was normal in every way and she went out happy.

April 10th. Mr. Jake Richardson came in with a severe cough and when asked what his complaint was he advised us that he had the "bronskeeter fever". What the old gent meant was that he had been suffering from bronchitis and that he had not been able to rid himself of the fever that accompanied it.

April 18th . . . Miss B. A. on the Watson Farm called about 4:30 A.M. She was supposedly having her fourth child. Went up there and she was quietly rocking in a chair. She was about as much in labor as I was and I was sure that I wasn't. She admitted that the only thing that she wanted to do was to alert me to stay some where near my telephone, as she thought that she was "starting up".

May 5th . . . Jake Daniels called about noon; said two of his children had managed to get their hands on some lye. Told him to bring them to the office immediately which he did. The sight of those mouths was gruesome. Sent both to the local hospital for treatment.

May 20th . . . Mrs. S. M. living in the city called and wanted immediate attention. She had just had an epileptic seizure and had been burned. Went around to see her and she looked like a freshly barbecued pig about the arms, legs, and back. It took us one hour to clean her up and dress all the burns. Gave her some fluids and sent her back home. She gets a burn on an average of once per month.

June 2nd . . . Sammy Barrett called about eleven o'clock today. His wife was in labor. Went up there which was about seventeen miles and back in an area called the "Island"". He lived a very delapidated house. Got some hot water, gave her some pitocin and between pains and her yells I heard a noise in the walls. Inquired of said Sammy what the noise was and I was advised that snakes bedded in there and that he had killed two or three small rattlers coming from under his house. Needless to say this delivery was not delayed. Coming out of the house we saw one of his older children sitting in the yard playing and about fifteen feet from him was a rattler coiled. Said Sammy told me to wait until he could secure his shotgun. This he did and blew that rattler to kingdom come. I had him to move his wife to another location more suitable for visits. Boy, is it rough out here.

June 15th . . . T. Lynch called about four P. M. This was one of the hottest days of the year. He had been working on a tin roof and had collapsed. They managed to get the fellow down but he was in bad shape. Here was a classical case of sunstroke. Managed to get into a vein and started the flow of fluids. For a while we were on shaky ground but he began to show signs of recovery and we left him in pretty good shape with the advise to stay off that tin roof on these hot days.

APPRECIATION

We wish to take this opportunity to express our sincere thanks to the following concerns for the cooperation given our Chairman of the Committee on Exhibits. Please make it your duty to visit each of these booths and register with the representatives.

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GUILLIAN-BARRE SYNDROME

Continued From Page Six

cause of a presumptive diagnosis of meningitis. This was discontinued and the patient remained in the hospital for two days with a diagnosis of influenza under no further medication. She was discharged on 2-1-54 asymptomatic except for headache.

This patient was seen again on 2-6-54 when she complained of numbness in both legs and her left arm and severe headache of three days duration, and persistent vomiting for two days. She was readmitted to the hospital. Physical examination, at this time, revealed dullness to pain perception extending from the umbilicus to the knee on both sides and over the entire left arm. There was no disturbance of the deep or superficial reflexes and no pathological reflexes were present. A tentative diagnosis of Guillian-Barre syndrome was made.

Laboratory findings on admission were as follows: Spinal fluid—Pandy negative, sugar 92 mg%, protein 24 mg% and one lymphocyte per cm.; Rbc—4,250,000; Wbc—8,200 with a differential of 46 segmented cells and 64 lymphocytes; hemoglobin of 14 gm.

The patient was placed on cysticillin 300,000 units twice a day streptomycin one gram twice a day, terramycin 250 mg four times a day and cortisone 25 mg four times a day. ACTH 20 mg every twelve hours was substituted for cortisone after two doses.

Twelve hours after admission, loss of pain perception had spread to involve the face, neck and right lower arm, and had extended above the umbilicus and below the knees. The patient complained of severe headache and backache, which were relieved by codeine. About eighteen hours after admission, she complained of respiratory distress for a short period and felt better when her head was elevated.

On 2-8-54, exploration of pain perception revealed extension of dullness to ankle level on both legs, no involvment of the right arm, and dullness over face, neck and dorsum of the left arm. Knee jerks were absent, biceps and triceps were normal. There was some subjective dyspnea for short intervals, backache had improved but the patient spoke of a sensation of 'something crawling' on her face.

Four hours later, neurological examination by a consultant showed absence of ankle reflexes, weakness of knee jerks, more pronounced on the left, and normal triceps, biceps and abdominals. No Babinski was elicited. Vibratory sense was normal. There was definite motor weakness of both legs, more severe in the left and some weakness of the arms. There was bilateral facial weakness. The gag reflex was present. Respiration was normal and the pattern of pain perception was unchanged.

Examination on the following day, 2-9-54, showed considerable improvement in the patient's condition. The reflexes were unchanged but motor weakness was much less in both arms and legs. Pain perception disturbance had regressed to mid thigh bilaterally and the left side of the face was much more sensitive than the right. There was slight deviation of the tongue to the right and ironing out of the smile on the left. There was no respiratory difficulty.

On 2-10-54, sensory disturbance disappeared from the arms and face but had the same distribution in the legs. Motor weakness was less in both arms and legs, but was still most severe in the left leg.

Back ache and headache were fairly severe.

Antibiotics were discontinued on 2-11-54. During the next two days, there was some return of sensory disturbance in the legs and increase in motor weakness. By 2-16-54, only the left leg showed any involvment, either motor or sensory, and by 2-17-54 all sensory disturbance had disappeared.

The patient developed a fairly severe diarrhea on 2-13, which recurred at intervals until discontinuance of ACTH. ACTH was reduced to 15 mg every twelve hours on 2-19-54 and to 10 mg every twelve hours on 2-20-54.

On 2-19-54, patient had an attack of hysterical crying which was controlled with 3 grains of Nembutal. She remained restless and disoriented throughout the night and was still somewhat confused on 2-20. At this time, lumbar puncture was performed with immediate clearing of the sensorium. ACTH was discontinued at once. The spinal fluid showed a cell count of two mononuclear cells, protein 17 mg% and sugar 62 mg%.

On 2-21-54, patient was completely oriented and was getting out of bed. She still complained of headache and backache at intervals. She was discharged on 2-24-54 with residual motor weakness of the left leg requiring the use of crutches. She began physiotherapy for this and was followed by periodic check ups. Gradual return of function in the leg was noted until patient left the city at the end of May. At this time she walked unaided for short distances, but needed a cane for any sustained walking. Further efforts to contact her have been unsuccessful.

SUMMARY

This case represents all of the characteristic signs and symptoms of Guillan-Barre disease, with the absence of spinal fluid findings. It also represents another another case of rather definite response to ACTH and cortisone.

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SYNCOPE DUE TO CARDIAC ARRHYTHMIES

Continued From Page Ten

gradually slow below a critical level and produce syncope. 4. One of the above mechanisms may be responsible for an attack on one occasion, whereas some other mechanism may be responsible on another occasion.

The tendency of some to call all cases of cardiac syncope "Morgagni-Stokes-Adams" attacks has led to confusion. Since the treatment and prognosis varies with the mechanism responsible for the episode, it is necessary to describe the mechanism when it is known.

ETIOLOGY

Paroxysmal auricular tachycardia is common in subjects without evidence of heart disease but also occurs with mitral stenosis, thyrotoxicosis, and myocarditis. Paroxysmal auricular fibrillation and flutter occur in patients without evidence of heart disease but also occur in mitral stenosis, thyrotoxicosis, pulmonary embolism, constrictive pericarditis, and coronary disease, and may be precipitated by pulmonary infections and surgical procedures. Ventricular tachycardia and fibrillation occur with acute coronary occlusion, chronic coronary disease, aortic stenosis, aortic insufficiency, and myocarditis. These conditions can also be produced by digitalis, quinidine, and by procaine amide (Pronestyl®) intoxication.

Morgagni-Stokes-Adams attacks usually occur in patients who have disease of the atrioventricular conduction system (A-V node and bundle) secondary to coronary atherosclerosis. This abnormality in conduction may be present even though there is no history of angina pectoris or evidence of myocardial infarction since the larger coronary vessels may not be diseased sufficiently to cause these more common manifestations of coronary atherosclerosis. It is not unusual to observe an increase in P-R interval, Wenckebach phenomenon, and complete heart block, with or without syncope, as a complication of acute posterior myocardial infarction. These disturbances occur because the usual posterior infarct is caused by thrombosis of the right coronary artery or circumflex branc hof the left coronary artery, and branches from these vessels also supply the A-V conduction system. Under these circumstances the A-V block is unusually transient. Atrioventricular block and Morgagni-Stokes-Adams attacks may occur in patients with calcific aortic stenosis. It is interesting to note that the case reported by Stokes and several of these cases reported by Adams had aortic stenosis. There are several causes for heart block in such cases. The calcific process may extend into the conduction pathway in some cases while coronary insufficiency may be responsible for the damage in others. Acute rheumatic fever and diphtheria may produce high grade A-V block, but actual syncope is rare. Now that electrocardiograms are readily available, it has become apparent that many infectious diseases, such as mumps, measles, and scarlet fever, are associated with electrocardiographic abnormalities including various degrees of A-V block, but syncope is very rare. The AV conduction pathway may be damaged by gummata, tuberculosis, neoplasms, trauma. and by bacterial endocarditis. Complete A-V block may be congenital in origin and is occasionally associated with an interventricular septal defect, but syncope seldom occurs. All grades of A-V block can be produced by digitalis. In addition, the drug may augment

forces already present that are tending to produce A-V block. Quinidine can also produce A-V conduction disturbance. Reflex vagal stimulation from pressure on a sensitive carotid sinus, swallowing, coughing, and straining can produce or contribute to A-V block.

CLINICAL MANIFESTATIONS

1. Observations between attacks of syncope. Patients may have complaints secondary to their basic heart disease but may or may not complain of symptoms relative to the heart beat between the episodes of syncope. Some will be aware of ectopic cardiac beats, and the patient with persistent complete heart block may be conscious of the unusually slow, but strong, cardiac contractions. The physical examination is frequently normal, but if mitral stenosis is found, one should suspect several mechanisms. Thus, Schwartz[1] has observed that the most common cause of syncope in aortic stenosis is a gradual slowing of the ventricular rate; however, ventricular fibrillation and complete A-V block with ventricular asystole has also been observed.

Since syncope may occur in patients with atrioventricular conduction disturbance, it is important to keep in mind the physical findings associated with all grades of block. This is especially important when observing the patient with posterior myocardial infarction. The intensity of the first heart sound depends, to some degree at least, on the previous P-R interval. Whenever the P-R interval is prolonged, the apical first sound tends to be decreased in intensity. When the Wenckebach phenomenon is present, the apical first sound varies from cycle to cycle and the long diastolic pauses are not preceded by premature contractions. When the cardiac rate is as slow as 40 to 60 beats per minute, one should consider sinus bradycardia, 2:1 heart block, and complete heart block. Sir Thomas Lewis[2] pointed out that "in complete heart block the action of the ventricles is phenomenally slow, nearly all hearts which beat at rates of 35 and under are affected in this manner. . . . Each ventricular beat is accompanied by a first and second sound; in addition, very faint muffled sounds are usually to be heard in the long disastoles. . . . The latter are due to auricular systoles. . . . A sign which is conclusive, and almost always present, is a changed character of the first and second heart sounds from beat to beat. . . . From time to time a prominent venous pulsation accompanies the intensified first heart sound, when auricular systole coincides with that of the ventricle." Levine and Harvey[3] have stressed these findings also and state that a changing intensity of the first heart sound is almost pathognomonic of complete heart block when the heart rate is unusually slow. Occasionally one is able to feel a weak pulsation at the wrist due to an auricular pulsation which has been transmitted directly to the peripheral arteries. When auricular fibrillation is present, certain of the previous signs will vanish since they depend on normal auricular contractions.

Between episodes of cardiac syncope the electrocardiogram may or may not be helpful. Any of the previously listed cardiac arrhythmias

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W-A-N-T-E-D

A physician to set up his office in a Southeastern North Carolina County with three fairly large towns to serve. At present time this area does not have a Negro doctor and the local citizens are ready to lend their efforts to get an M.D. and will aid in getting living and office facilities arranged. Contact this office if interested.

may occur paroxysmally and the electrocardiogram can be normal between episodes. Helpful clues are as follows: When there is Wolff-Parkinson-White syndrome or frequent auricular premature contractions in the electrocardiogram between attacks, the chances of the episodes being paroxysmal auricular tachycardia or fibrillation are great. Patients who have a short P-R interval associated with normal QRS duration are also subject to episodes of paroxysmal auricular tachycardia. Where there are multifocal ectopic ventricular contractions noted, ventricular tachycardia or fibrillation may be the cause of the episodes. This is particularly true when the ventricular ectopic contraction arises "out of the T waves" or occur in bursts of three or four in succession. If there is evidence of atrioventricular conduction disturbance, then one of the arrhythmias complicating heart block is more likely to be responsible for the episodes.

2. Observations during attacks of syncope: The mothers of infants with paroxysmal auricular tachycardia can be taught to observe the chest and upper abdomen for rapid pulsations during episodes of loss of consciousness. At times the adult patient can actually observe a few moments of sudden paroxysmal rapid heart action prior to and after momentarily "blacking out." Occasionally the physician can make certain observations during an attack. If, by chance, he is present at the time of the attack of syncope due to paroxysmal rapid heart beat, he may be able to establish the cardiac mechanism by observations made just before or after the attack.

Paroxysmal auricular tachycardia produces a regular rate of 160 to 250, and the first heart sound does not vary from cycle. The rapid beat is either unaffected by carotid sinus pressure or the abnormal rate returns abruptly to and remains normal. One should be suspicious of auricular flutter with 2:1 block when the heart rate suddenly reaches the vicinity of 150. Carotid sinus pressure increases the block in cases of auricular flutter and slows the rate, but, when the pressure ceases, the apex beat "jerks" back to the previous rate. Auricular fibrillation is characterized by an irregular irregularity and a pulse deficit. Ventricular tachycardia begins suddenly, and there may be slight variation in the intensity of the first heart sound. The rate may be 90 to 200; it is unaffected by carotid sinus pressure. When syncope is due to ventricular fibrillation or standstill, no heart sounds are heard and accurate differentiation cannot be made by physical examination.

Since one is seldom fortunate enough to record an electrocardiogram during the actual episode of syncope, one is forced to base his opinion regarding the responsible underlying cardiac mechanism on circumstantial evidence. It is necessary to consider the age of the patient; the type of underlying heart disease (if present); the symptoms of the patient prior to or after the transient loss of consciousness; and the electrocardiogram between attacks.

TREATMENT

An attack of syncope secondary to an abnormal heart rhythm can seldom be treated because of its short duration. Attacks can sometimes be prevented, however, by therapy designed to prevent the episodes of cardiac arrhythmia.

The treatment of an attack of paroxysmal auricular tachycardia is well established. If carotid sinus pressure doee not abort an attack, the drug of choice is digitalis unless the arrhythmia is actually due to

digitalis. Lanatocide C (1.6 milligrams) or digoxin (1.5 milligrams of the new preparation in propylene glycol) should be given intramuscularly to adults not on digitalis. Some physicians give one-half the listed dose of these drugs cautiously intravenously and repeat if necessary in one to two hours. Carotid sinus pressure should be tried again thirty to sixty minutes after the digitalis has been given. If digitalis fails to revert the attack to normal rhythm, then quinidine sulfate can be used. A maintenance dose of digitalis may be successful in preventing attacks, but, if it fails, then quinidine sulfate should be employed.

Paroxysmal auricular fibrillation or flutter with an uncontrolled ventricular rate is also treated with digitalis. It is not commonly understood that the object of treatment initially is to slow the ventricular rate. Digitalis is very reliable in accomplishing this. In addition some cases of paroxysmal auricular fibrillation will be reverted to normal rhythm by digitalis medication. This is more likely to occur when auricular filbrillation is not associated with mitral stenosis or thyrotoxicosis. The urgency of the situation determines whether one uses a rapid acting intravenous preparation or an oral preparation of digitalis. After the ventricular rate has been brought under control, quinidine sulfate may be used to revert the rhythm to normal if such is desired. Quinidine sulfate and/or digitalis can be used to prevent the paroxysms of auricular fibrillation and flutter. Obviously thyrotoxicosis must be treated when it is the cause of the auricular fibrillation.

Ventricular tachycardia is treated with either procaine amide or quinidine. Procaine amide can be given intramuscularly in a dose of 0.5 to 1.0 gram every two hours for several doses. One gram of procaine amide may be diluted in 100-200 cc. of glucose and given intravenously over a period of one half to one hour. Norepinephrine (Levophed[R]) can be given to counteract the hypotension that is frequently associated with the use of procaine amide intravenously. If procaine amide fails, quinidine gluconate (0.4-0.6 gram) can be given intramuscularly every two hours for several doses. Quinidine gluconate should not be used intravenously except in desperate situations. All therapy must be monitored by frequent electrocardiograms. Quinidine sulfate and procaine amide are useful in preventing recurrent episodes of ventricular tachycardia.

One seldom has the opportunity to treat an episode of ventricular fibrillation. As a rule the episode ends spontaneously, or, if it is continuous, it produces death. When the opportunity does arise,, the treatment with procaine amide intravenously is usually to no avail. When there are short repeated bouts of ventricular fibrillation which interrupt normal sinus rhythm, procaine amide or quinidine may be used in an attempt to prevent the episodes.

The therapy for the cardiac mechanism responsible for syncope in patients with atrioventricular block is unsatisfactory; however, several recent important observations have been made. Therapy is aimed at preventing episodes of syncope. For example, one does not treat a patient with established complete heart block when he is asymptomatic. Indeed, it is questionable whether or not therapy is justified in such a patient when the episodes of syncope are infrequent or have occurred in the distant past. Obviously the first step in therapy is to eliminate all sources which will tend to produce vagatonia. Digitalis may contribute to the A-V block and its use, even with great

caution, is justified only if there is congestive heart failure. When the electrocardiogram between episodes of syncope shows high grade A-V conduction disturbance, it is useful to establish the benefit, or lack of benefit, of atropine sulfate by giving one milligram intravenously. Though the drug is usually of no benefit, if the electrocardiogram shows a lessening of the A-V block after the drug has been given, atropine should be given by mouth several times a day.

Ephedrine has been used to prevent episodes of syncope due to ventricular standstill in cases with evidence of A-V block. When episodes are very frequent, then intramuscular injections of adrenalin (0.25 to 1.0 cc. of 1:1000) are given at frequent intervals. If one is present at the time of prolonged ventricular standstill, adrenalin can be given directly into the heart. Isopropylarterenol (Isuprel[R])[4] can be used to prevent the ventricular asystole associated with A-V block. This drug apparently blocks the carotid sinus reflex and complete A-V block may be changed to lesser grades of block. Isopropylarterenol also increases the rate of the idioventricular pacemaker in complete heart block and tends to prevent ventricular asystole secondary to spontaneous slowing of the pacemaker. Isopropylarterenol is better tolerated in older folks than adrenalin since it causes much less cerebral stimulation and less pressure response. There is also some evidence indicating that isopropylarterenol is less likely to predispose to ventricular fibrillation than is adrenalin. Five to ten milligrams should be administered sublingually every two to six hours depending on the frequency of attacks. An electrical cardiac pacemaker[5] may be employed when the periods of ventricular asystole are extremely frequent. In this technique an electric current is applied to the closed chest by means of two electrodes. The amount of current needed to produce a ventricular response is determined in each individual case, and then the stimulus is applied at an effective rate. It is hoped, in such circumstances, that the idioventricular pacemaker will become established and that the electric pacemaker can be discontinued. Quinidine sulfate and procaine amide are contraindicated in cases of asystole associated with A-V block.

The treatment for transient ventricular fibrillation during established heart block is still unknown. It has become apparent that quinidine[6] and procaine amide frequently aggravate the condition. The bouts of ventricular fibrillation may become more frequent and the period of standstill that occasionally follows the ventricular fibrillation may become more prolonged after these drugs. Adrenalin also aggravates the condition by precipitating more frequent episodes of ventricular fibrillation. At present some investigators[1] believe that isopropylarterenol is also contraindicated. Others[7] believe that isopropylarterenol decreases the number of episodes of paroxysmal ventricular fibrillation and tachycardia in cases with established heart block. To date, the treatment is unsatisfactory but isopropylarterenol should be tried with great caution.

SUMMARY

There are numerous cardiac arrhythmias that may, under certain circumstances, produce syncope. The etiology and clinical recognition of these arrhythmias have been discussed. Since the definition of Morgagni-Stokes-Adams attack is not universally the same, a plea is made to describe the abnormal cardiac mechanism which causes the

syncope. The treatment has been discussed in some detail and may be simple at times but is often unsatisfactory. Attention is called to the fact that a drug may be indicated for an arrhythmia on one occasion whereas, under different circumstances, the drug may be contraindicated for the same arrhythmia. For example, quindine and procaine amide may prevent episodes of ventricular fibrillation from occurring in patients with normal sinus rhythm but these same drugs are contraindicated in patients who have transient ventricular fibrillation associated with heart block. Some advantages of isopropylarterenol in preventing episodes of ventricular standstill associated with A-V block have been pointed out.

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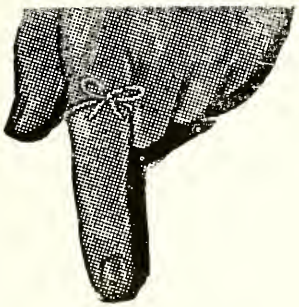
The opinions and conclusions expressed herein are those of the author and do not necessarily represent the official views of the Scientific Council of the American Heart Association.



Don't Forget

ANNUAL MEETING

Message From The Secretary-Treasurer

Greetings:

The annual meeting of the Old North State Medical Society to be held in Raleigh on June 14-16, 1955, promises to be the most important in the long history of the organization.

Over and above the usual outstanding lectures, demonstrations and displays, which have been arranged for our professional enrichment, and a merry round of social activities for our entertainment, the organization will be called upon to reach decisions important to our continued growth and development. It is, therefore, more urgent than ever to have the fullest representation from every section of the state present at these deliberationss.

DUES

The Old North State Medical Society has now become of age. We no longer have to depend upon local societies to "pay the bill" for our meetings. This June, for the first time, the Society will assume the complete burden. This also means that each of us will be expected to assume the full individual responsibility in supporting the new plan. The annual meeting costs from ten to eleven hundred dollars and counting the other operational expenses, we must get cooperation from everyone of us to meet these financial requirements.

Your financial standing with this organization has now taken on a brand new importance. By reason of the recent decision of the North Carolina Medical Society to admit Negro Physicians and Surgeons to "scientific" membership, many of you will be invited to affiliate with local societies. Your standing with the Old North State Medical Society will figure prominently as a basis of election. We expect to begin receiving inquiries on your standing with this organization within the next few weeks. We urge that you pay your current dues promptly. Every member must be in good and regular standing with this organization to qualify.

We urge that you forward your dues ($20.00) at once, certainly not later than June 1, 1955.

Plan now to attend the very first session and arrange to remain throughout the convention. The program has been so arranged that every hour of it will be of interest and enlightenment to each of us.